

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211528035

1.) CORPORATION NAME:

**Essentia Insurance Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**CHARLES F MIDKIFF**

**300 ARBORETUM PLACE STE 420**

**RICHMOND, VA 23236**

DUE DATE: **12/31/2011**

SCC ID NO: **F0434474**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	60,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHESTERFIELD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 150 ROYALL ST

CITY/ST/ZIP: CANTON, MA 02021-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ALEXANDER C ARCHIMEDES  
TITLE: SR VP  
ADDRESS: 44 WHIPPANY ROAD  
CITY/ST/ZIP/CO: MORRISTOWN, NJ 07960-

OFFICER

DIRECTOR

NAME: T MICHAEL MILLER  
TITLE: COB  
ADDRESS: 601 CARLSON PKWY  
SUITE 600  
CITY/ST/ZIP/CO: MINNETONKA, MN 55305-

OFFICER

DIRECTOR

NAME: JOSETTE D KIEL  
TITLE: SR VP/CUO  
ADDRESS: 8000 IH 10 WEST  
SUITE 1045  
CITY/ST/ZIP/CO: SAN ANTONIO, TX 78230-

OFFICER

DIRECTOR

NAME: THOMAS N SCHMITT  
TITLE: SR VP/CHRO  
ADDRESS: 601 CARLSON PKWY  
SUITE 600  
CITY/ST/ZIP/CO: MINNETONKA, MN 55305-

OFFICER

DIRECTOR

NAME: TODD C. MILLS  
TITLE: VP/TREASURER  
ADDRESS: 150 ROYALL ST  
CITY/ST/ZIP/CO: CANTON, MA 02021-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS R. SMITH SECRETARY 150 ROYALL ST CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN K GEDDES ASST SECRETARY 150 ROYALL ST CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE E FREEDMAN DIRECTOR 150 ROYALL ST CANTON, MA 02021-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANA P HENDERSHOTT SR VP/CAO 150 ROYALL ST CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL H MCDONOUGH SR VP/CFO 601 CARLSON PKWY SUITE 600 MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN D POOLE SR VP/C ACTUARY 601 CARLSON PKWY SUITE 600 MINNETONKA, MN 55305-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADFORD W RICH P/CEO/GC 150 ROYALL ST CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ DENNIS R. SMITH</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DENNIS R. SMITH, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>11/22/2011</u> DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			