

1.) CORPORATION NAME:

DUE DATE: **12/31/2012**

Essentia Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0434474**

**CHARLES F MIDKIFF
MIDKIFF MUNCIE & ROSS PC
300 ARBORETUM PLACE STE 420**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	60,000

RICHMOND, VA 23236

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 CARLSON PKWY
SUITE 600

CITY/ST/ZIP: MINNETONKA, MN 55305

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:	BRADFORD W RICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	150 ROYALL ST		
CITY/ST/ZIP/CO:	CANTON, MA 02021		

NAME:	DANA P HENDERSHOTT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	150 ROYALL ST		
CITY/ST/ZIP/CO:	CANTON, MA 02021		

NAME:	JOSETTE D KIEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/CUO		
ADDRESS:	8000 IH 10 WEST SUITE 1045		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230		

NAME:	PAUL H MCDONOUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/CFO		
ADDRESS:	601 CARLSON PKWY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		

NAME:	BRIAN D POOLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP/C ACTUARY		
ADDRESS:	601 CARLSON PKWY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS N SCHMITT SR VP/CHRO 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:	TODD C. MILLS VP/TREASURER 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:	T MICHAEL MILLER COB 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:	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:	MAUREEN A PHILLIPS SR VP/GC 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:	SEAN W DUFFY SR VP/C CLAIMS 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:	VIRGINIA A MCCARTHY SECRETARY 150 ROYALL ST CANTON, MA 02021	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT W MCCLINTOCK SR VP/CIO 601 CARLSON PKWY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C TREACY SR VP 601 CARLSON PKWY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input 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.			

/s/ VIRGINIA AMCCARTHY	VIRGINIA AMCCARTHY,	11/28/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.		