

1.) CORPORATION NAME:

DUE DATE: **12/31/2013**

Essentia Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0434474**

**D. MICHAEL JONES
4521 HIGHWOODS PARKWAY
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	60,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4521 Highwoods Parkway

CITY/ST/ZIP: Glen Allen, VA 23060

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.

<p>NAME: FRANCIS MICHAEL CROWLEY TITLE: PRESIDENT ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RICHARD R GRINNAN TITLE: SECRETARY ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ANNE G WALESKI TITLE: TREASURER ADDRESS: 4521 HIGHWOOD PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DEIDRE I BALBUENA TITLE: VICE PRESIDENT ADDRESS: 4600 COX RD CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: KATHLEEN A STURGEON TITLE: ASST SECRETARY ADDRESS: 10 PARKWAY NORTH CITY/ST/ZIP/CO: DEERFIELD, IL 60015</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: AUDREY J HANKEN TITLE: VICE PRESIDENT ADDRESS: N14 W 23800 STONE RIDGE DRIVE CITY/ST/ZIP/CO: WAUKESHA, WI 53188</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORA N CROUCH VICE PRESIDENT 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEWEY MICHAEL JONES VP & ASST SEC 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE ALAN KAY VICE PRESIDENT 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT G WHITT CONTROLLER 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KELLI SUE PLUSCH ASST SECRETARY 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	APRIL LYNN DUFF ASST TREASURER 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS KENT SMITH SR VP 4600 COX ROAD GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBIN RUSSO VICE PRESIDENT 4600 COX ROAD GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GENEVIEVE K MURTAUGH ASST SECRETARY 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD R WHITT III SR VP 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN I KIRSHNER DIRECTOR 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRADLEY J KISCADEN DIRECTOR 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN A MARKEL DIRECTOR 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERARD ALBANESE JR DIRECTOR 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRITTON LEE GLISSON DIRECTOR 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	<input 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.			
/s/ KATHLEEN A STURGEON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHLEEN A STURGEON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	11/13/2013 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.			