

1.) CORPORATION NAME:

**MIDDLESEX INSURANCE COMPANY**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0536153**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1800 N POINT DR

CITY/ST/ZIP: STEVENS POINT, WI 54481

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: DANIEL L. REVAI TITLE: PRESIDENT ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL J. WILLIAMS TITLE: VICE PRESIDENT ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH J. ERLER TITLE: SECRETARY ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DALE R SCHUH TITLE: CHAIRMAN ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PETER G. MCPARTLAND TITLE: DIRECTOR ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES J. WEISHAN TITLE: DIRECTOR ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	Michael V. Zimmer	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1800 North Point Drive		
CITY/ST/ZIP/CO:	Stevens Point, WI 54481		

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/ KENNETH J. ERLER	KENNETH J. ERLER, SECRETARY	1/30/2013
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.