

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214507232

1.) CORPORATION NAME:

**MIDDLESEX INSURANCE COMPANY**

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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

OFFICER  DIRECTOR

NAME: MICHAEL J. WILLIAMS  
 TITLE: VICE PRESIDENT  
 ADDRESS: 1800 NORTH POINT DRIVE  
 CITY/ST/ZIP/CO: STEVENS POINT, WI 54481

OFFICER  DIRECTOR

NAME: Carol P. Sanders  
 TITLE: TREASURER  
 ADDRESS: 1800 NORTH POINT DRIVE  
 CITY/ST/ZIP/CO: STEVENS POINT, WI 54481

OFFICER  DIRECTOR

NAME: KENNETH J. ERLER  
 TITLE: SECRETARY  
 ADDRESS: 1800 NORTH POINT DRIVE  
 CITY/ST/ZIP/CO: STEVENS POINT, WI 54481

OFFICER  DIRECTOR

NAME: PETER G. MCPARTLAND  
 TITLE: CHAIRMAN  
 ADDRESS: 1800 NORTH POINT DRIVE  
 CITY/ST/ZIP/CO: STEVENS POINT, WI 54481

OFFICER  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/

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

2/4/2014

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.