

1.) CORPORATION NAME:

MILBANK INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **4/30/2011**

SCC ID NO: **F0611444**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

SD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 107 FLYNN DRIVE

CITY/ST/ZIP: MILBANK, SD 57252-1537

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: ROBERT P RESTREPO JR
TITLE: P/CEO/CHRMN
ADDRESS: 518 EAST BROAD ST
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

NAME: STEVEN E ENGLISH
TITLE: VP/T
ADDRESS: 518 E BROAD ST
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

NAME: JAMES A YANO
TITLE: VP/S/GC
ADDRESS: 518 E BROAD ST
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

NAME: DAVID J D'ANTONI
TITLE: DIRECTOR
ADDRESS: 15821 SAVONA WAY
CITY/ST/ZIP/CO: NAPLES, FL 34110-

OFFICER

DIRECTOR

NAME: ROBERT E. BAKER
TITLE: DIRECTOR
ADDRESS: 1310 GLEN CEDARS DRIVE
CITY/ST/ZIP/CO: MABLETON, GA 30126-

OFFICER

DIRECTOR

NAME:	DAVID R. MEUSE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2200 NORTH COLUMBUS STREET		
CITY/ST/ZIP/CO:	LANCASTER, OH 43130-		
NAME:	S. ELAINE ROBERTS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1440 N. JAMES ROAD		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43219-		
NAME:	ALEXANDER B. TREVOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1987 MY TERN CT.		
CITY/ST/ZIP/CO:	SANIBEL, FL 33957-		
NAME:	PAUL S. WILLIAMS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	35 EAST WACKER DRIVE, STE. 2150		
CITY/ST/ZIP/CO:	CHICAGO, IL 60601-		
NAME:	DOUGLAS E. ALLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-		
NAME:	JOEL E. BROWN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-		
NAME:	DAVID W. DALTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	513 E. BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-		
NAME:	JAMES E. DUEMEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-		
NAME:	NANCY D. EDWARDS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-		
NAME:	CLYDE H. FITCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	518 E. BROAD STREET		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN R. HAZELBAKER VICE PRESIDENT 518 E. BROAD STREET COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICK L. HOLBEIN VICE PRESIDENT 518 E. BROAD STREET COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN P. HUNCKLER VICE PRESIDENT 518 E. BROAD STREET COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NELSON E. MCCANTS VICE PRESIDENT 518 E. BROAD STREET COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY B. MILEY VICE PRESIDENT 518 E. BROAD STREET COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW S. MROZEK VICE PRESIDENT 518 E. BROAD STREET COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL E. NORDMAN VICE PRESIDENT 518 E. BROAD STREET COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN M. PETRUCCI VICE PRESIDENT 518 E. BROAD STREET COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA A. POWELL TREASURER 518 E. BROAD STREET COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY J. REYNOLDS VICE PRESIDENT 518 E. BROAD STREET COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYLE D. RHODEBECK VICE PRESIDENT 518 E. BROAD STREET COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORRAINE M. SIEGWORTH VICE PRESIDENT 518 E. BROAD STREET COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY D. WILLIAMS VICE PRESIDENT 518 E. BROAD STREET COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN BOWRON-WHITE ASST SECRETARY 2955 N. MERIDIAN STREET INDIANAPOLIS, IN 46208-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ SUSAN BOWRON-WHITE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUSAN BOWRON-WHITE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	3/2/2011 DATE
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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.