

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213517913

1.) CORPORATION NAME:

MILBANK INSURANCE COMPANY

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F0611444**

5.) STOCK INFORMATION

CLASS AUTHORIZED

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1300 WOODLAND AVENUE

CITY/ST/ZIP: WEST DES MOINES, IA 50265

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 OFFICER DIRECTOR
TITLE: P/CEO/CHRMN
ADDRESS: 518 EAST BROAD ST
CITY/ST/ZIP/CO: COLUMBUS, OH 43215

NAME: DOUGLAS E. ALLEN OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 518 E. BROAD STREET
CITY/ST/ZIP/CO: COLUMBUS, OH 43215

NAME: JOEL E. BROWN OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 518 E. BROAD STREET
CITY/ST/ZIP/CO: COLUMBUS, OH 43215

NAME: JESSICA E. BUSS OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 700 W. 47TH ST., STE. 350
CITY/ST/ZIP/CO: KANSAS CITY, MO 64112

NAME: JOYCE A DALLESSIO OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 518 E. BROAD ST.
CITY/ST/ZIP/CO: COLUMBUS, OH 43215

NAME: DAVID W. DALTON OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 513 E. BROAD STREET
CITY/ST/ZIP/CO: COLUMBUS, OH 43215

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY D. EDWARDS 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:	STEVEN E ENGLISH VP/T 518 E BROAD ST COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLYDE H. FITCH 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:	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:	SCOTT A. JONES VICE PRESIDENT 518 E. BROAD ST. 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:	TIMOTHY G. REIK VICE PRESIDENT 518 E. BROAD ST. 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
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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY E. WILLEFORD VICE PRESIDENT 518 E. BROAD ST. COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A YANO VP/S/GC 518 E BROAD ST COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA A. POWELL 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:	SUSAN BOWRON-WHITE ASST SECRETARY 2955 N. MERIDIAN STREET INDIANAPOLIS, IN 46208	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT E. BAKER DIRECTOR 1310 GLEN CEDARS DRIVE MABLETON, GA 30126	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID J D'ANTONI DIRECTOR 15821 SAVONA WAY NAPLES, FL 34110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EILEEN A. MALLESCH DIRECTOR 1217 SANCTUARY PLACE GAHANNA, OH 43230	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS E. MARKERT DIRECTOR 2200 OLD GERMANTOWN ROAD DELRAY BEACH, FL 33445	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID R. MEUSE DIRECTOR 2200 NORTH COLUMBUS STREET LANCASTER, OH 43130	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S. ELAINE ROBERTS DIRECTOR 1440 N. JAMES ROAD COLUMBUS, OH 43219	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEXANDER B. TREVOR DIRECTOR 1987 MY TERN CT. SANIBEL, FL 33957	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL S. WILLIAMS DIRECTOR 35 EAST WACKER DRIVE, STE. 2150 CHICAGO, IL 60601	<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/ SUSAN BOWRON-WHITE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SUSAN BOWRON-WHITE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/15/2013 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.			