

1.) CORPORATION NAME:

MERCHANTS BONDING COMPANY (MUTUAL)

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

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

DUE DATE: **8/31/2011**

SCC ID NO: **F1082272**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2100 FLEUR DRIVE

CITY/ST/ZIP: DES MOINES, IA 50321-1158

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: LARRY TAYLOR
TITLE: PRESIDENT
ADDRESS: 4710 MILLS CIVIC PKWY
UNIT 1401
CITY/ST/ZIP/CO: WEST DES MOINES, VA 50265-

OFFICER

DIRECTOR

NAME: MICHAEL FOSTER
TITLE: EXEC VP
ADDRESS: 601 S 26TH ST
CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265-

OFFICER

DIRECTOR

NAME: WILLIAM WARNER JR
TITLE: OFFICER
ADDRESS: 3917 155TH STREET
CITY/ST/ZIP/CO: URBANDALE, IA 50323-

OFFICER

DIRECTOR

NAME: LLOYD TAYLOR
TITLE: DIRECTOR
ADDRESS: 2846 DRUID HILL DR
CITY/ST/ZIP/CO: DES MOINES, IA 50315-

OFFICER

DIRECTOR

NAME: THERESE WIELAGE
TITLE: VICE PRESIDENT
ADDRESS: 13966 SOUTH SHORE DRIVE
CITY/ST/ZIP/CO: CLIVE, IA 50325-

OFFICER

DIRECTOR

NAME: STANLEY MCCORMACK TITLE: VICE PRESIDENT ADDRESS: 13034 W STEED RIDGE CITY/ST/ZIP/CO: PEORIA, AZ 85383-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JAY STUKERJURGEN TITLE: VICE PRESIDENT ADDRESS: 9287 NW LAKERIDGE LANE CITY/ST/ZIP/CO: POLK CITY, IA 50226-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JANET TAYLOR TITLE: DIRECTOR ADDRESS: 2846 DRUID HILL DR CITY/ST/ZIP/CO: DES MOINES, IA 50315-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFERY WARNER TAYLOR TITLE: DIRECTOR ADDRESS: 919 RAVONDALE PLACE CITY/ST/ZIP/CO: CARY, NC 27513-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM NELSON TAYLOR TITLE: DIRECTOR ADDRESS: 5115 SOUTH KENTON WAY CITY/ST/ZIP/CO: ENGLEWOOD, CO 80111-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MELISSA ANN WARNER TITLE: DIRECTOR ADDRESS: 4628 N AVENIDA DEL PUENTE CITY/ST/ZIP/CO: PHOENIX, AZ 85018-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DONALD R BLUM TITLE: TREASURER ADDRESS: 1844 NW 151ST CT CITY/ST/ZIP/CO: CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER <input 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/ DONALD R BLUM	DONALD R BLUM, TREASURER
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.	