

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213532469

1.) CORPORATION NAME:

**MERCHANTS BONDING COMPANY (MUTUAL)**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1082272**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IA**

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: 4127 PLUMWOOD DR  
CITY/ST/ZIP/CO: WEST DES MOINES, IA 50265

OFFICER  DIRECTOR

NAME: STEVEN DORENKAMP  
TITLE: VICE PRESIDENT  
ADDRESS: 4825 TURNBERRY DRIVE  
CITY/ST/ZIP/CO: WEST DES MOINES, IA 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: THERESE WIELAGE  
TITLE: VICE PRESIDENT  
ADDRESS: 13966 SOUTH SHORE DRIVE  
CITY/ST/ZIP/CO: CLIVE, IA 50325

OFFICER  DIRECTOR

NAME: WILLIAM WEFEL WARNER JR  
TITLE: PRESIDENT  
ADDRESS: 15501 PLUM DR  
CITY/ST/ZIP/CO: URBANDALE, IA 50323

OFFICER  DIRECTOR

NAME: Don Blum  
TITLE: TREASURER  
ADDRESS: 2100 Fleur Drive  
CITY/ST/ZIP/CO: Des Moines, IA 50321-1158

OFFICER  DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Donald Kemp DIRECTOR 2100 Fleur Drive Des Moines, IA 50321-1158	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Janet Taylor DIRECTOR 2100 Fleur Drive Des Moines, IA 50321-1158	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jay Stukerjurgan VICE PRESIDENT 2100 Fleur Drive Des Moines, IA 50321-1158	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jeff Taylor DIRECTOR 2100 Fleur Drive Des Moines, IA 50321-1158	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lloyd Taylor DIRECTOR 2100 Fleur Drive Des Moines, IA 50321-1158	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Melissa Warner DIRECTOR 2100 Fleur Drive Des Moines, IA 50321-1158	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William Burke Jr. DIRECTOR 2100 Fleur Drive Des Moines, IA 50321-1158	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William Taylor DIRECTOR 2100 Fleur Drive Des Moines, IA 50321-1158	<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/ LARRY TAYLOR	LARRY TAYLOR, PRESIDENT	7/12/2013
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.