

1.) CORPORATION NAME:

MENDOTA 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**

DUE DATE: **3/31/2011**

SCC ID NO: **F1100751**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2805 DODD ROAD
SUITE 300

CITY/ST/ZIP: EAGAN, MN 55121-

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:	STEPHEN P. MARSDEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ACTUARY/VP		
ADDRESS:	2805 DODD ROAD, SUITE 300		
CITY/ST/ZIP/CO:	EAGAN, MN 55121-		
NAME:	RICHARD ARNOLD SLATER. JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	150 NORTHWEST POINT BLVD		
CITY/ST/ZIP/CO:	ELK GROVE VILLAGE, IL 60007-		
NAME:	CORINNE LEE PAWLENTY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2805 DODD ROAD SUITE 300		
CITY/ST/ZIP/CO:	EAGAN, MN 55121-1519		
NAME:	LAURIE ANNE STANEK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2805 DODD ROAD SUITE 300		
CITY/ST/ZIP/CO:	EAGAN, MN 55121-1519		
NAME:	HASSAN RAZA BAGAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 NW POINT BLVD.		
CITY/ST/ZIP/CO:	ELK GROVE VILLAGE, IL 60007-		

OFFICER DIRECTOR

NAME: DOROTHY ANN BROOKS
TITLE: SECRETARY
ADDRESS: 150 NW POINT BLVD.
CITY/ST/ZIP/CO: ELK GROVE VILLAGE, IL 60007-

OFFICER DIRECTOR

NAME: LEANN HAZEL REPTA
TITLE: DIRECTOR
ADDRESS: 150 NW POINT BLVD.
CITY/ST/ZIP/CO: ELK GROVE VILLAGE, IL 60007-

OFFICER DIRECTOR

NAME: WILLIAM AUGUST HICKEY, JR
TITLE: DIRECTOR
ADDRESS: 150 NW POINT BLVD.
CITY/ST/ZIP/CO: ELK GROVE VILLAGE, IL 60007-

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.

<u>/s/ LAURIE ANNE STANEK</u>	<u>LAURIE ANNE STANEK,</u>	<u>4/25/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>TREASURER</u> 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.