

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: **3/31/2012**

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: RICHARD ARNOLD SLATER, JR. OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 150 NORTHWEST POINT BLVD
CITY/ST/ZIP/CO: ELK GROVE VILLAGE, IL 60007-

NAME: CORINNE LEE PAWLENTY OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 2805 DODD ROAD
SUITE 300
CITY/ST/ZIP/CO: EAGAN, MN 55121-1519

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

NAME: HASSAN RAZA BAGAR OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 150 NW POINT BLVD.
CITY/ST/ZIP/CO: ELK GROVE VILLAGE, IL 60007-

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

NAME: LEANN HAZEL REPTA TITLE: DIRECTOR ADDRESS: 150 NW POINT BLVD. CITY/ST/ZIP/CO: ELK GROVE VILLAGE, IL 60007-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DANIEL DAVID SCHLEMMER TITLE: DIRECTOR ADDRESS: 150 NORTHWEST POINT BLVD 2ND FLOOR CITY/ST/ZIP/CO: ELK GROVE VILLAGE, IL 60007-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DOROTHY ANN BROOK TITLE: SECRETARY ADDRESS: 150 NORTHWEST POINT BLVD. 2ND FOOR CITY/ST/ZIP/CO: ELK GROVE VILLAGE, IL 60007-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MICHAEL SCOTT LIVERMORE TITLE: VICE PRESIDENT ADDRESS: 150 NORTHWEST POINT BVD. 2ND FLOOR CITY/ST/ZIP/CO: ELK GROVE VILLAGE, IL 60007-	<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.		
<u>/s/ DOROTHY ANN BROOKS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DOROTHY ANN BROOKS,</u> SECRETARY PRINTED NAME AND CORPORATE TITLE	<u>2/10/2012</u> 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.		