

1.) CORPORATION NAME:

**MENDOTA INSURANCE COMPANY**

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

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.

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RICHARD ARNOLD SLATER, JR	
TITLE:	DIRECTOR	
ADDRESS:	150 PIERCE ROAD 6TH FLOOR ITASCA, IL 60143	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DOROTHY ANN BROOKS	
TITLE:	SECRETARY	
ADDRESS:	150 PIERCE ROAD 6TH FLOOR ITASCA, IL 60143	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM AUGUST HICKEY, JR	
TITLE:	PRESIDENT	
ADDRESS:	150 PIERCE ROAD 6TH FLOOR ITASCA, IL 60143	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LEANN HAZEL REPTA	
TITLE:	DIRECTOR	
ADDRESS:	150 PIERCE ROAD 6TH FLOOR ITASCA, IL 60143	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOAN HARRIETT STEVENS	
TITLE:	DIRECTOR	
ADDRESS:	150 PIERCE ROAD 6th Floor ITASCA, IL 60143	
CITY/ST/ZIP/CO:		

NAME:	ROBERT THOMAS ROTONDO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 PIERCE ROAD		
CITY/ST/ZIP/CO:	6TH FLOOR ITASCA, IL 60143		

NAME:	ANNETTE FRANCES SCHMIDT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2805 DODD ROAD		
CITY/ST/ZIP/CO:	SUITE 300 EAGAN, MN 55121		

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/ DOROTHY ANN BROOKS	DOROTHY ANN BROOKS,	2/6/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.