

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**

SCC ID NO: **F1100751**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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:	WILLIAM AUGUST HICKEY, JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	150 PIERCE ROAD 6TH FLOOR ITASCA, IL 60143		
CITY/ST/ZIP/CO:			
NAME:	ANNETTE FRANCES SCHMIDT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2805 DODD ROAD SUITE 300 EAGAN, MN 55121		
CITY/ST/ZIP/CO:			
NAME:	DOROTHY ANN BROOKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	150 PIERCE ROAD 6TH FLOOR ITASCA, IL 60143		
CITY/ST/ZIP/CO:			
NAME:	LEANN HAZEL REPTA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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 6TH FLOOR ITASCA, IL 60143		
CITY/ST/ZIP/CO:			

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

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/ ANNETTE FRANCES SCHMIDT</u>	<u>ANNETTE FRANCES SCHMIDT,</u>	<u>3/27/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.