

1.) CORPORATION NAME:

Regent Insurance Company

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1117151**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 GENERAL DRIVE

CITY/ST/ZIP: SUN PRAIRIE, WI 53596

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.

<p>NAME: DOMINGO A CID TITLE: PRESIDENT ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: JENNIFER J VERNON TITLE: SECRETARY ADDRESS: ONE GENERAL DRIVE CITY/ST/ZIP/CO: SUN PRAIRIE, WI 53596</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Wendall Stocker TITLE: TREASURER ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Harvey Bazaar TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: New York, NY 10005</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Christopher Davies TITLE: DIRECTOR ADDRESS: 210 Interstate N Parkway S.E. CITY/ST/ZIP/CO: Atlanta, GA 30339</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Gregory Deal TITLE: DIRECTOR ADDRESS: 7333 Sunwood Drive CITY/ST/ZIP/CO: Ramsey, MN 55303</p>	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME:	Rod Farrell	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Wall Street Plaza 88 Pine Street		
CITY/ST/ZIP/CO:	New York, NY 10005		
NAME:	Christopher Fish	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Wall Street Plaza 88 Pine Street		
CITY/ST/ZIP/CO:	New York, NY 10005		
NAME:	Marc Metcalf	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Wall Street Plaza 88 Pine Street		
CITY/ST/ZIP/CO:	New York, NY 10005		
NAME:	John Neal	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Wall Street Plaza 88 Pine Street		
CITY/ST/ZIP/CO:	New York, NY 10005		
NAME:	Anthony Przybyszewski	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Wall Street Plaza 88 Pine Street		
CITY/ST/ZIP/CO:	New York, NY 10005		
NAME:	John Rumpler	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Wall Street Plaza 88 Pine Street		
CITY/ST/ZIP/CO:	New York, NY 10005		
NAME:	Michael Scala	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Wall Street Plaza 88 Pine Street		
CITY/ST/ZIP/CO:	New York, NY 10005		
NAME:	Jodie L Burtnett	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	One General Drive		
CITY/ST/ZIP/CO:	Sun Prairie, WI 53596		

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/ Jodie LBurtnett	Jodie LBurtnett,	9/10/2012
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.