

1.) CORPORATION NAME:

**FEDERATED SERVICE INSURANCE COMPANY**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HOWARD W DOBBINS  
WILLIAMS MULLEN CENTER  
200 S 10TH ST**

SCC ID NO: **F1354796**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 121 E PARK SQ

CITY/ST/ZIP: OWATONNA, MN 55060

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:	JEFFREY E FETTERS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO/DIR		
ADDRESS:	121 EAST PARK SQ		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		

NAME:	DAVID BROIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	121 EAST PARK SQUARE		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		

NAME:	SARAH BUXTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	121 EAST PARK SQUARE		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		

NAME:	PATRIC COOPER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	121 EAST PARK SQUARE		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		

NAME:	PAUL F DROHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	121 E PARK SQUARE		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		

NAME:	MICHAEL KERR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	121 EAST PARK SQUARE		
CITY/ST/ZIP/CO:	OWATONNA, MN 55060		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A DANIEL LEWIS DIRECTOR EMERIT 121 EAST PARK SQUARE OWATONNA, MN 55060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK SCHARMER SR VP 121 EAST PARK SQUARE OWATONNA, MN 55060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN THOMPSON VICE PRESIDENT 121 EAST PARK SQUARE OWATONNA, MN 55060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES THON SR VP 121 EAST PARK SQUARE OWATONNA, MN 55060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEE TOPPS SR VP 121 EAST PARK SQUARE OWATONNA, MN 55060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY STROIK CFO 121 EAST PARK SQUARE OWATONNA, MN 55060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	A T ANNEXSTAD CHAIRMAN EMERIT 121 E PARK SQUARE OWATONNA, MN 55060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAY GRESS II DIRECTOR 121 E PARK SQUARE OWATONNA, MN 55060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES LISCOMB III DIRECTOR 121 EAST PARK SQUARE OWATONNA, MN 55060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROGER PEUGOT DIRECTOR 121 EAST PARK SQUARE OWATONNA, MN 55060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD REICHERT DIRECTOR 121 EAST PARK SQUARE OWATONNA, MN 55060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STUART SEILER DIRECTOR 121 EAST PARK SQUARE OWATONNA, MN 55060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID MURRAY ADCOX DIRECTOR 121 EAST PARK SQUARE OWATONNA, MN 55060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LESTER KILLEBREW DIRECTOR 121 EAST PARK SQUARE OWATONNA, MN 55060	<input type="checkbox"/> OFFICER	<input checked="" 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.			
/s/ DAVID BROIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID BROIN, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/26/2013 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.			