

1.) CORPORATION NAME:

Middlesex Mutual Assurance 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 23060-6802**

DUE DATE: **5/31/2011**

SCC ID NO: **F1424482**

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:
CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 213 COURT STREET

CITY/ST/ZIP: MIDDLETOWN, CT 06457-

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: BARBARA A BAURER
TITLE: PRESIDENT
ADDRESS: 1701 N TOWANDA AVE
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701-

OFFICER

DIRECTOR

NAME: DAVE MAGERS
TITLE: SR VP/CFO
ADDRESS: 1701 N TOWANDA AVE
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701-

OFFICER

DIRECTOR

NAME: JAMES JACOBS
TITLE: S/GC
ADDRESS: 1701 TOWANDA AVE
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701-

OFFICER

DIRECTOR

NAME: JOHNNIE D BLACKBURN
TITLE: CHAIRMAN
ADDRESS: 1701 N TOWANDA AVE
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701-

OFFICER

DIRECTOR

NAME: MATTHEW J KOPFF
TITLE: ASST CONTROLLER
ADDRESS: 1711 GE RD
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61704-

OFFICER

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/ MATTHEW J KOPFF
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

MATTHEW J KOPFF, ASST
CONTROLLER
PRINTED NAME AND CORPORATE
TITLE

4/26/2011
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.