

1.) CORPORATION NAME:

DUE DATE: **8/31/2011**

Member Protection Insurance Plans, Inc.

SCC ID NO: **F1480476**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMM	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5910 MINERAL POINT ROAD

CITY/ST/ZIP: MADISON, WI 53705-

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: STEPHEN W. KOSLOW
TITLE: PRES/CHAIRMAN
ADDRESS: 5910 MINERAL POINT ROAD
CITY/ST/ZIP/CO: MADISON, WI 53705-

OFFICER

DIRECTOR

NAME: ANGELA CAMPBELL
TITLE: ASST SECRETARY
ADDRESS: 5910 MINERAL POINT ROAD
CITY/ST/ZIP/CO: MADISON, WI 53705-

OFFICER

DIRECTOR

NAME: CHRISTINE POPPE
TITLE: ASST SECRETARY
ADDRESS: 5910 MINERAL POINT ROAD
CITY/ST/ZIP/CO: MADISON, WI 53705-

OFFICER

DIRECTOR

NAME: ANDREW J. MICHIE
TITLE: TREASURER
ADDRESS: 5910 MINERAL POINT ROAD
CITY/ST/ZIP/CO: MADISON, WI 53705-

OFFICER

DIRECTOR

NAME: STEVEN R. SULESKI
TITLE: SECRETARY
ADDRESS: 5910 MINERAL POINT ROAD
CITY/ST/ZIP/CO: MADISON, WI 53705-

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.

<u>/s/ ANGELA CAMPBELL</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>ANGELA CAMPBELL, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>6/27/2011</u> DATE
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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.