

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212545032

1.) CORPORATION NAME:

Riverport Insurance Company

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1529587**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 222 SOUTH NINTH STREET
STE 1300

CITY/ST/ZIP: MINNEAPOLIS, MN 55402-3332

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James B Ketterson		
TITLE: DIR/PRES		
ADDRESS: 222 SOUTH NINTH STREET		
CITY/ST/ZIP/CO: STE 1300 MINNEAPOLIS, MN 55402-3332		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID S KYLLO		
TITLE: DIR/SR VP/SEC		
ADDRESS: 222 SOUTH NINTH STREET		
CITY/ST/ZIP/CO: STE 1300 MINNEAPOLIS, MN 55402-3332		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Elizabeth M Misura		
TITLE: COO/CFO		
ADDRESS: 222 SOUTH NINTH STREET		
CITY/ST/ZIP/CO: STE 1300 MINNEAPOLIS, MN 55402-3332		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: EDWARD M GERBER		
TITLE: ASST SECRETARY		
ADDRESS: 222 SOUTH NINTH STREET		
CITY/ST/ZIP/CO: SUITE 1300 MINNEAPOLIS, MN 55402		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: EUGENE G. BALLARD		
TITLE: DIRECTOR		
ADDRESS: 475 STEAMBOAT ROAD		
CITY/ST/ZIP/CO: GREENWICH, CT 06830		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: IRA SETH LEDERMAN		
TITLE: DIRECTOR		
ADDRESS: 475 STEAMBOAT RD		
CITY/ST/ZIP/CO: GREENWICH, CT 06830		

NAME: PHILIP S WELT OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 475 STEAMBOAT ROAD
CITY/ST/ZIP/CO: GREENWICH, CT 06830

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/ EDWARD M GERBER</u>	<u>EDWARD M GERBER, ASST</u>	<u>11/26/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.