

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213546943

1.) CORPORATION NAME:

Riverport Insurance Company

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

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

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

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

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

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

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

NAME:	PHILIP S WELT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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>10/9/2013</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.