

SCC eFile

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

212523132

1.) CORPORATION NAME:

**Mendakota Insurance Company**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1558883**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2805 DODD ROAD  
SUITE 300

CITY/ST/ZIP: EAGAN, MN 55121

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:	WILLIAM AUGUST HICKEY JR.	
TITLE:	PRES/DIR	
ADDRESS:	150 NORTHWEST PT. BLVD.	
CITY/ST/ZIP/CO:	ELK GROVE VILLAGE, IL 60007	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CORINNE PAWLENTY	
TITLE:	VICE PRESIDENT	
ADDRESS:	150 NORTHWEST PT BLVD.	
CITY/ST/ZIP/CO:	ELK GROVE VILLAGE, IL 60007	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Annette Frances Schmidt	
TITLE:	VP&TREAS	
ADDRESS:	2805 DODD RD	
CITY/ST/ZIP/CO:	SUITE 300 EAGAN, MN 55121-1519	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DOROTHY ANN BROOKS	
TITLE:	SECRETARY	
ADDRESS:	150 NORTHWEST POINT BLVD	
CITY/ST/ZIP/CO:	SUITE 200 ELK GROVE VILLAGE, IL 60007	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HASSAN RAZA BAQAR	
TITLE:	DIRECTOR	
ADDRESS:	150 NORTHWEST POINT BLVD	
CITY/ST/ZIP/CO:	ELK GROVE VILLAGE, IL 60007	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LEEANN HAZEL REPTA	
TITLE:	DIRECTOR	
ADDRESS:	150 NORTHWEST POINT BLVD	
CITY/ST/ZIP/CO:	ELK GROVE VILLAGE, IL 60007	

NAME: DANIEL DAVID SCHLEMMER  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 2805 DODD ROAD, SUITE 300  
CITY/ST/ZIP/CO: EAGAN, MN 55121

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/ DOROTHY ANN BROOKS	DOROTHY ANN BROOKS,	6/20/2012
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.