

1.) CORPORATION NAME:

DUE DATE: **4/30/2011**

Founders Insurance Company

SCC ID NO: **F1624099**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
RICHMOND, VA 23218**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1645 E BIRCHWOOD AVE

CITY/ST/ZIP: DES PLAINES, IL 60018-

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: JANE M ABED
TITLE: P/CEO
ADDRESS: 1645 E BIRCHWOOD AVE
CITY/ST/ZIP/CO: DES PLAINES, IL 60018-

OFFICER

DIRECTOR

NAME: ARMANDO MARTINEZ
TITLE: VICE PRESIDENT
ADDRESS: 1645 E BIRCHWOOD AVE
CITY/ST/ZIP/CO: DES PLAINES, IL 60018-

OFFICER

DIRECTOR

NAME: BRIAN W MILLER
TITLE: AT/CONT
ADDRESS: PO BOX 530
CITY/ST/ZIP/CO: UTICA, NY 13503-

OFFICER

DIRECTOR

NAME: GEORGE P WARDLEY
TITLE: SECRETARY
ADDRESS: PO BOX 530
CITY/ST/ZIP/CO: UTICA, NY 13503-

OFFICER

DIRECTOR

NAME: J DOUGLAS ROBINSON
TITLE: CHAIRMAN
ADDRESS: PO BOX 530
CITY/ST/ZIP/CO: UTICA, NY 13503-

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/ BRIAN W MILLER</u>	<u>BRIAN W MILLER, AT/CONT</u>	<u>4/28/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.