

1.) CORPORATION NAME:

**Founders Insurance Company**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1624099**

**RICHMOND, VA 23219**

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: 1111 East Touhy Avenue  
Suite 300

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	1111 East Touhy Avenue Suite 300		
CITY/ST/ZIP/CO:	DES PLAINES, IL 60018		

NAME:	ARMANDO MARTINEZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1111 East Touhy Avenue Suite 300		
CITY/ST/ZIP/CO:	DES PLAINES, IL 60018		

NAME:	Kristen H Martin	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP & Secretary		
ADDRESS:	PO BOX 530		
CITY/ST/ZIP/CO:	UTICA, NY 13503		

NAME:	BRIAN W MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AT/CONT		
ADDRESS:	PO BOX 530		
CITY/ST/ZIP/CO:	UTICA, NY 13503		

NAME:	J DOUGLAS ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	PO BOX 530		
CITY/ST/ZIP/CO:	UTICA, NY 13503		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Daniel D Daly DIRECTOR PO Box 530 Utica, NY 13503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	David S Mirza DIRECTOR 1111 East Touhy Avenue Suite 300 Des Plaines, IL 60018	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Raymond E Cox CFO & Treasurer PO Box 530 Utica , NY 13503	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brian P Lytwynec DIRECTOR PO Box 530 Utica , NY 13503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard P Creedon DIRECTOR PO Box 530 Utica , NY 13503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Barbara E Zito DIRECTOR PO Box 530 Utica , NY 13503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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.

/s/ Kristen H Martin	Kristen H Martin, SVP & Secretary	4/30/2012
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.