

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

Founders Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1624099**

CORPORATION SERVICE COMPANY

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	4,000,000

RICHMOND, VA

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:	JOHN M ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/COO		
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:	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:	KRISTEN H MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 530		
CITY/ST/ZIP/CO:	UTICA, NY 13503		

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:	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:	PAUL LEWIS COHEN DIRECTOR PO Box 530 Utica , NY 13503	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHARON ANN PORADZISZ 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, SECRETARY	4/29/2014	
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.			