

1.) CORPORATION NAME: <b>Tri-State Insurance Company of Minnesota</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>IA</b>	DUE DATE: <b>1/31/2016</b> SCC ID NO: <b>F1733965</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> <tr> <td>PREFER</td> <td>10,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMMON	1,000,000	PREFER	10,000
CLASS	AUTHORIZED						
COMMON	1,000,000						
PREFER	10,000						

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 11201 DOUGLAS AVE.  CITY/ST/ZIP: URBANDALE, IA 50322
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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: MICHAEL G CONNOR TITLE: PRESIDENT ADDRESS: 11201 DOUGLAS AVENUE CITY/ST/ZIP/CO: URBANDALE, IA 50322	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: AARON PEARCE TITLE: VP/SEC/GEN C ADDRESS: 11201 DOUGLAS AVENUE CITY/ST/ZIP/CO: URBANDALE, IA 50322	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANN M COLLINS TITLE: VP / CFO ADDRESS: 11201 DOUGLAS AVENUE CITY/ST/ZIP/CO: URBANDALE, IA 50322	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM M ROHDE, JR. TITLE: CHAIRMAN ADDRESS: 475 STEAMBOAT RD CITY/ST/ZIP/CO: GREENWICH, CT 06830	<input checked="" 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/ ANN M COLLINS	ANN M COLLINS, VP / CFO	1/13/2016
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.