

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214525049

1.) CORPORATION NAME:

M3 Insurance Solutions, Inc.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **F1752908**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	120,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3113 W BELTLINE HWY

CITY/ST/ZIP: MADISON, WI 53713

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 E VICTORSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	349 MEDINAH STREET		
CITY/ST/ZIP/CO:	OREGON, WI 53575		

NAME:	THOMAS J GOLDEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXE VP/S/T		
ADDRESS:	7517 SAWMILL RD		
CITY/ST/ZIP/CO:	MADISON, WI 53717		

NAME:	SEAN J LABORDE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	3256 Ryser Road		
CITY/ST/ZIP/CO:	MOUNT HOREB, WI 53572		

NAME:	MICHAEL J MOORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	2186 Hwy. 51		
CITY/ST/ZIP/CO:	Stoughton, WI 53589		

NAME:	DALE E VAN DAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXVP		
ADDRESS:	1025 TIMBER PASS		
CITY/ST/ZIP/CO:	BROOKFIELD, WI 53045		

NAME:	Richard E Twietmeyer	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Exec VP		
ADDRESS:	9340 Fawn Lane		
CITY/ST/ZIP/CO:	Cedarburg, WI 53012		

NAME: Richard F Kekula TITLE: Exec VP ADDRESS: E12779 West Point Dr. CITY/ST/ZIP/CO: Merrimac, WI 53561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Corey A Chambas TITLE: DIRECTOR ADDRESS: PO Box 44961 CITY/ST/ZIP/CO: Madison, WI 53744-4961	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Tim R Valentyn TITLE: DIRECTOR ADDRESS: PO Box 2038 CITY/ST/ZIP/CO: Madison, WI 53701-2038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Elizabeth Donley TITLE: DIRECTOR ADDRESS: 9201 Bear Claw Way CITY/ST/ZIP/CO: Madison, WI 53717	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James H Yeager TITLE: DIRECTOR ADDRESS: 411 Coleman Road CITY/ST/ZIP/CO: Madison, WI 53704	<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/ THOMAS J GOLDEN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS J GOLDEN, EXE VP/S/T PRINTED NAME AND CORPORATE TITLE	5/13/2014 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.		