

1.) CORPORATION NAME:

M3 Insurance Solutions, Inc.

DUE DATE: **5/31/2015**

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**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	120,000

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:	RICHARD F KEKULA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	E12779 WEST POINT DR.		
CITY/ST/ZIP/CO:	MERRIMAC, WI 53561		

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:	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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DALE E VAN DAM EXVP 1025 TIMBER PASS BROOKFIELD, WI 53045	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	COREY A CHAMBAS DIRECTOR PO BOX 44961 MADISON, WI 53744-4961	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELIZABETH DONLEY DIRECTOR 9201 BEAR CLAW WAY MADISON, WI 53717	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIM R VALENTYN DIRECTOR PO BOX 2038 MADISON, WI 53701-2038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES H YEAGER DIRECTOR 411 COLEMAN ROAD 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	5/21/2015 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.			