

1.) CORPORATION NAME:

DUE DATE: **11/30/2013**

NAU Country Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1807785**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7333 SUNWOOD DR

CITY/ST/ZIP: RAMSEY, MN 55303

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GREGORY J DEAL	
TITLE:	PRES/CEO	
ADDRESS:	7333 SUNWOOD DRIVE	
CITY/ST/ZIP/CO:	RAMSEY, MN 55303	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Doug Jakway	
TITLE:	SECRETARY	
ADDRESS:	7333 Sunwood Drive	
CITY/ST/ZIP/CO:	Ramsey, MN 55303	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Joanna Colaneri	
TITLE:	TREASURER	
ADDRESS:	Wall Street Plaza	
	88 Pine Street	
CITY/ST/ZIP/CO:	New York, NY 10005	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Harvey Bazaar	
TITLE:	DIRECTOR	
ADDRESS:	Wall Street Plaza	
	88 Pine Street	
CITY/ST/ZIP/CO:	New York, NY 10005	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Christopher Davies	
TITLE:	DIRECTOR	
ADDRESS:	210 Interstate N Parkway S.E.	
CITY/ST/ZIP/CO:	Atlanta, GA 30339	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	David Duclos	
TITLE:	DIRECTOR	
ADDRESS:	Wall Street Plaza	
	88 Pine Street	
CITY/ST/ZIP/CO:	New York, NY 10005	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard Dziadzio DIRECTOR Wall Street Plaza 88 Pine Street New York, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rod Farrell DIRECTOR Wall Street Plaza 88 Pine Street New York, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Susan Harnett DIRECTOR Wall Street Plaza 88 Pine Street New York, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Langione DIRECTOR Wall Street Plaza 88 Pine Street New York, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Marc Metcalf DIRECTOR Wall Street Plaza 88 Pine Street New York, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	John Neal DIRECTOR Wall Street Plaza 88 Pine Street New York, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Anthony Przybyszewski DIRECTOR Wall Street Plaza 88 Pine Street New York, NY 10005	<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/ Doug Jakway	Doug Jakway, SECRETARY	11/18/2013
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.