

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002406

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: MENDAKOTA INSURANCE COMPANY

## Current Principal Place of Business:

2805 DODD ROAD  
SUITE 300  
SAINT PAUL, MN 55121 US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 64586  
SAINT PAUL, MN 551640586 US

## New Mailing Address:

FEI Number: 31-1160863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete  
Name: ZIEPER, ROBERT F  
Address: 2805 DODD ROAD SUITE 300  
City-St-Zip: SAINT PAUL, MN 55121 US

Title: S/T ( ) Delete  
Name: STANEK, LAURIE A  
Address: 2805 DODD ROAD SUITE 300  
City-St-Zip: SAINT PAUL, MN 55121 US

Title: VP ( ) Delete  
Name: SLATER, JR., RICHARD A  
Address: 180 GLASTONBURY BOULEVARD SUITE 101  
City-St-Zip: GLASTONBURY, CT 06033 US

Title: D (X) Delete  
Name: STAR, WILLIAM  
Address: 7120 HURONTARIO STREET, SUITE 800  
City-St-Zip: MISSISSAUGA, ON L5W 0A9 CA

Title: D (X) Delete  
Name: JACKSON, SHAUN  
Address: 7120 HURONTARIO STREET, SUITE 800  
City-St-Zip: MISSISSAUGA, ON L5W 0A9 CA

Title: D (X) Delete  
Name: SULLIVAN, JOHN  
Address: ONE ROANOKE REEF, TEN EAST ROANOKE ST.  
City-St-Zip: SEATTLE, WA 98102 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: ZIEPER, ROBERT F  
Address: 2805 DODD ROAD SUITE 300  
City-St-Zip: EAGAN, MN 55121 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA HANSON

F/C

04/14/2009

Electronic Signature of Signing Officer or Director

Date