

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002406

FILED  
Apr 28, 2011  
Secretary of State

Entity Name: MENDAKOTA INSURANCE COMPANY

## Current Principal Place of Business:

2805 DODD ROAD  
SUITE 300  
EAGAN, MN 55121 US

## Current Mailing Address:

P.O. BOX 64586  
ST. PAUL, MN 55164

## New Principal Place of Business:

2805 DODD ROAD  
SUITE 300  
EAGAN, MN 551211519 US

## New Mailing Address:

P.O. BOX 64586  
ST. PAUL, MN 55164 US

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

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: SLATER, RICHARD A JR.  
Address: 150 NORHTWEST POINT BLVD.  
City-St-Zip: ELK GROVE VILLAGE, IL 60007 US

Title: SEC  
Name: BROOKS, DOROTHY A  
Address: 150 NORTHWEST POINT BLVD.  
City-St-Zip: ELK GROVE VILLAGE, IL 60007 US

Title: TREA  
Name: STANEK, LAURIE A  
Address: 2805 DODD ROAD, SUITE 300  
City-St-Zip: EAGAN, MN 551211519 US

Title: DIR  
Name: SLATER, RICHARD A JR.  
Address: 2805 DODD ROAD, SUITE 300  
City-St-Zip: EAGAN, MN 55121 US

Title: VP  
Name: MARSDEN, STEPHEN P  
Address: 2805 DODD ROAD, SUITE 300  
City-St-Zip: EAGAN, MN 55121 US

Title: DIR  
Name: REPTA, LEEANN H  
Address: 150 NORTHWEST POINT BLVD.  
City-St-Zip: ELK GROVE VILLAGE, IL 60007 US

I hereby 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 all other like empowered.

SIGNATURE: STANEK, LAURIE ANNE

TREA

04/28/2011

Electronic Signature of Signing Officer or Director

Date