

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90097 018 ***150.00

DOCUMENT # F94000004728					
1. Entity Name MENDOTA INSURANCE COMPANY					
Principal Place of Business 385 WASHINGTON STREET ST. PAUL, MN 55102 US			Mailing Address P.O. BOX 64586 ST. PAUL, MN 55164-0586 US		
2. Principal Place of Business - No P.O. Box # 2805 Dodd Road		3. Mailing Address PO Box 64586			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc.			
City & State Eagan, Minnesota		City & State St Paul, Minnesota		4. FEI Number 41-1639286	
Zip 55121		Country USA		Zip 55164-0586	
Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D/P NAME ZIEPER, ROBERT F STREET ADDRESS 385 WASHINGTON STREET CITY-ST-ZIP ST. PAUL, MN 55102	<input type="checkbox"/> Delete		TITLE D/P NAME ZIEPER, ROBERT F. STREET ADDRESS 2805 DODD ROAD, SUITE 300 CITY-ST-ZIP EAGAN, MINNESOTA 55121	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S/T NAME STANEK, LAURIE A STREET ADDRESS 385 WASHINGTON STREET CITY-ST-ZIP ST. PAUL, MN 55102	<input type="checkbox"/> Delete		TITLE S/T NAME STANEK, LAURIE A. STREET ADDRESS 2805 DODD ROAD, SUITE 300 CITY-ST-ZIP EAGAN, MINNESOTA 55121	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SLATER, JR., RICHARD A STREET ADDRESS ONE TOWER SQUARE CITY-ST-ZIP HARTFORD, CT 06183	<input type="checkbox"/> Delete		TITLE VP NAME SLATER, JR., RICHARD A. STREET ADDRESS 180 GLASTONBURY BLVD., SUITE 101 CITY-ST-ZIP GLASTONBURY, CONNECTICUT 06033	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME STAR, WILLIAM STREET ADDRESS 7120 HURONTARIO STREET, SUITE 800 CITY-ST-ZIP MISSISSAUGA, ON L5W 0A9	<input checked="" type="checkbox"/> Delete		TITLE D NAME MARSDEN, STEPHEN P. STREET ADDRESS 2805 DODD ROAD, SUITE 300 CITY-ST-ZIP EAGAN, MINNESOTA 55121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME JACKSON, SHAUN STREET ADDRESS 7120 HURONTARIO STREET, SUITE 800 CITY-ST-ZIP MISSISSAUGA, ON L5W 0A9	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME SULLIVAN, JOHN STREET ADDRESS ONE ROANOKE REEF, TEN EAST ROANOKE ST. CITY-ST-ZIP SEATTLE, WA 98102	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Date: 4/18/2008 Daytime Phone #: 952-654-9812		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					