

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004728

FILED
Apr 14, 2009
Secretary of State

Entity Name: MENDOTA INSURANCE COMPANY

Current Principal Place of Business:

2805 DODD ROAD
SUITE 300
SAINT PAUL, MN 55121 US

New Principal Place of Business:

2805 DODD ROAD
SUITE 300
EAGAN, MN 55121 US

Current Mailing Address:

PO BOX 64586
SAINT PAUL, MN 551640586 US

New Mailing Address:

FEI Number: 41-1639286 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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: DP () Delete
Name: ZIEPER, ROBERT F
Address: 2805 DODD ROAD, SUITE 300
City-St-Zip: EAGAN, MN 55121 US

Title: ST () Delete
Name: STANEK, LAURIE A
Address: 2805 DODD ROAD, SUITE 300
City-St-Zip: EAGAN, MN 55121 US

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

Title: D () Delete
Name: MARSDEN, STEPHEN P
Address: 2805 DODD ROAD, SUITE 300
City-St-Zip: EAGAN, MN 55121 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: () 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
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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