

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000004728

FILED  
Apr 26, 2012  
Secretary of State

Entity Name: MENDOTA INSURANCE COMPANY

## Current Principal Place of Business:

2805 DODD ROAD  
SUITE 300  
EAGAN, MN 551211519 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 64586  
SAINT PAUL, MN 55164 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

## OFFICERS AND DIRECTORS:

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

Title: PRES  
Name: HICKEY, WILLIAM A JR.  
Address: 150 NORTHWEST POINT BLVD.  
City-St-Zip: ELK GROVE VILLAGE, IL 60007 US

Title: TREA  
Name: BAQAR, HASSAN R  
Address: 150 NORTHWEST POING BLVD. STE 200  
City-St-Zip: ELK GROVE VILLAGE, IL 600071015 US

Title: DIR  
Name: SCHLEMMER, DANIEL D  
Address: 150 NORTHWEST POING BLVD. STE 200  
City-St-Zip: ELK GROVE VILLAGE, IL 600071015 US

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

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

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: CORINNE LEE PAWLENTY

OFFI

04/26/2012

Electronic Signature of Signing Officer or Director

Date