

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214532158

1.) CORPORATION NAME:

LOYAL CHRISTIAN BENEFIT ASSOCIATION

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN V LITTLE
500 COURT SQUARE, SUITE 300
PO BOX 298**

SCC ID NO: **F0008815**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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CHARLOTTESVILLE, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHARLOTTESVILLE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8811 PEACH STREET

CITY/ST/ZIP: ERIE, PA 16509

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DOUGLAS M TUTTLE
TITLE: PRES/CEO
ADDRESS: P.O. BOX 809
CITY/ST/ZIP/CO: NORTH EAST, PA 16428

OFFICER

DIRECTOR

NAME: ROSS W ARESKO
TITLE: VP-FINAN/TREAS
ADDRESS: 219 MOHAWK DRIVE
CITY/ST/ZIP/CO: ERIE, PA 16505

OFFICER

DIRECTOR

NAME: REBECCA M BLACK
TITLE: VP-ADMIN/SECTRY
ADDRESS: 13065 SANFORD ROAD
CITY/ST/ZIP/CO: WEST SPRINGFIELD, PA 16443

OFFICER

DIRECTOR

NAME: ANNE SWEIGART
TITLE: DIRECTOR
ADDRESS: 19348 TOWNSHIP RD 56
CITY/ST/ZIP/CO: BLUFFTON, OH 45817

OFFICER

DIRECTOR

NAME: BARBARA WACLAWEK
TITLE: DIRECTOR
ADDRESS: 653 SAINT LAWRENCE AVE.
CITY/ST/ZIP/CO: BUFFALO, NY 14216

OFFICER

DIRECTOR

NAME: KAREN BALABAN
TITLE: DIRECTOR
ADDRESS: P.O. BOX 821
CITY/ST/ZIP/CO: HARRISBURG, PA 17108

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW DUPEE DIRECTOR 9 BRIAR COURT BINGHAMTON, NY 13905-4002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL COURTAD DIRECTOR 220 SYGAN ROAD MORGAN, PA 15064	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK DiCESARE DIRECTOR P.O. BOX 54 BURNT HILLS, NY 12027	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL KENNY DIRECTOR 232 SEMINOLE DRIVE ERIE, PA 16505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT MUTH DIRECTOR 221 LINDA LANE MEADVILLE, PA 16335	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARD McCracken CHAIRMAN 7024 W STANCLIFF RD GIRARD, PA 16417-8624	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ROSS WARESCO SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROSS WARESCO, PRINTED NAME AND CORPORATE TITLE	6/23/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			