

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214503939

1.) CORPORATION NAME:

R.V.I. America Insurance Company

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0222382**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	132,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 177 BROAD ST
9TH FL

CITY/ST/ZIP: STAMFORD, CT 06901

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 MAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/P		
ADDRESS:	177 BROAD ST		
	9TH FL		
CITY/ST/ZIP/CO:	STAMFORD, CT 06901		

NAME:	RENE ABDALAH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	177 BROAD ST.		
	9TH FL.		
CITY/ST/ZIP/CO:	STAMFORD, CT 06901		

NAME:	WEI FAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	177 BROAD ST.		
	9TH FL.		
CITY/ST/ZIP/CO:	STAMFORD, CT 06901		

NAME:	DARREL SEIFE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST S/SR CO		
ADDRESS:	177 BROAD ST		
	9TH FL		
CITY/ST/ZIP/CO:	STAMFORD, CT 06901		

NAME:	JOHN WALCOTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-TAX		
ADDRESS:	177 BROAD ST		
	9TH FLOOR		
CITY/ST/ZIP/CO:	STAMFORD, CT 06901		

NAME: MICHAEL MCGROARTY TITLE: SVP/GC/S ADDRESS: 177 BROAD ST 9TH FL CITY/ST/ZIP/CO: STAMFORD, CT 06901	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CHRISTOPHER DELOGE TITLE: AVP ADDRESS: 177 BROAD ST 9TH FLOOR CITY/ST/ZIP/CO: STAMFORD, CT 06901	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAVID KLANICA TITLE: EVP/CFO/TREASUR ADDRESS: 177 BROAD ST. 9TH FL. CITY/ST/ZIP/CO: STAMFORD, CT 06901	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOHN O'BRYAN TITLE: SVP ADDRESS: 177 BROAD ST. 9TH FL. CITY/ST/ZIP/CO: STAMFORD, CT 06901	<input checked="" type="checkbox"/> OFFICER <input 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/ MICHAEL MCGROARTY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL MCGROARTY, SVP/GC/S PRINTED NAME AND CORPORATE TITLE	1/15/2014 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.		