

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215501994

1.) CORPORATION NAME:

R.V.I. America Insurance Company

DUE DATE: **1/31/2015**

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: | MICHAEL MCGROARTY | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SVP/GC/S | | |
| ADDRESS: | 177 BROAD ST | | |
| | 9TH FL | | |
| CITY/ST/ZIP/CO: | STAMFORD, CT 06901 | | |

| | | |
|--|---|------------------|
| 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 | 1/8/2015 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. | | |