

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215537046

1.) CORPORATION NAME:

OLD AMERICAN INSURANCE COMPANY

DUE DATE: **10/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0272759**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMA | 192,630 |
| COMMON | 303,685 |
| COMB | 303,685 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3520 BROADWAY

CITY/ST/ZIP: KANSAS CITY, MO 64111-2565

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.

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | WALTER E BIXBY | |
| TITLE: | PRESIDENT | |
| ADDRESS: | 3800 N MULBERRY DRIVE UNIT 402 | |
| CITY/ST/ZIP/CO: | KANSAS CITY, MO 64116 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | TIMOTHY J LANGLAND | |
| TITLE: | VP/S/ASSC GC | |
| ADDRESS: | 907 ROBINSON COURT | |
| CITY/ST/ZIP/CO: | LAWRENCE, KS 66049 | |

| | | |
|-----------------|---|--|
| | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | TRACY W. KNAPP | |
| TITLE: | CFO | |
| ADDRESS: | 13010 BEVERLY | |
| CITY/ST/ZIP/CO: | OVERLAND PARK, KS 66209 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | R PHILIP BIXBY | |
| TITLE: | CHAIRMAN | |
| ADDRESS: | 810 W 52ND ST | |
| CITY/ST/ZIP/CO: | KANSAS CITY, MO 64112 | |

| | | |
|-----------------|----------------------------------|--|
| | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | NANCY BIXBY HUDSON | |
| TITLE: | DIRECTOR | |
| ADDRESS: | 425 BALDWIN CREEK ROAD | |
| CITY/ST/ZIP/CO: | LANDER, WY 82520 | |

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/ TIMOTHY J LANGLAND | TIMOTHY J LANGLAND, | 10/6/2015 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | VP/S/ASSC GC PRINTED NAME AND CORPORATE TITLE | 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.