

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214520882

1.) CORPORATION NAME:

**WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO**

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0384349**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 366 E BROAD ST  
C/O ANDREW FEDERICO

CITY/ST/ZIP: COLUMBUS, OH 43215

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:	BRENDA K CLANCY	
TITLE:	PRESIDENT	
ADDRESS:	4333 EDGEWOOD ROAD NE	
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52499	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ARTHUR C SCHNEIDER	
TITLE:	SR VP/CTO	
ADDRESS:	4333 EDGEWOOD ROAD NE	
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52499	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CRAIG D VERMIE	
TITLE:	AST SEC/SR VP	
ADDRESS:	4333 EDGEWOOD ROAD NE	
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52499-1202	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	WILLIAM H GEIGER	
TITLE:	SECRETARY	
ADDRESS:	570 CARILLON PARKWAY ST	
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33716-1202	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SCOTT W HAM	
TITLE:	DIRECTOR	
ADDRESS:	4333 EDGEWOOD RD NE	
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52499	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN R HUNTER	
TITLE:	DIRECTOR	
ADDRESS:	4333 EDGEWOOD ROAD NE	
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52499	

NAME:	C. MICHIEL VAN KATWIJK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4333 EDGEWOOD ROAD NE		
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52499		

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/ CRAIG D VERMIE	CRAIG D VERMIE, AST SEC/SR VP	4/22/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.