

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214530681

1.) CORPORATION NAME:

ABILITY INSURANCE COMPANY

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1007121**

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:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 222 SOUTH 15TH STREET
SUITE 1202S

CITY/ST/ZIP: OMAHA, NE 68102

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:	KENNETH KING				
TITLE:	PRESIDENT				
ADDRESS:	222 SOUTH 15TH STREET				
	SUITE 1202S				
CITY/ST/ZIP/CO:	OMAHA, NE 68102				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	IAN KILPATRICK				
TITLE:	DIRECTOR				
ADDRESS:	222 SOUTH 15TH STREET				
	SUITE 1201S				
CITY/ST/ZIP/CO:	OMAHA, NE 68102				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	Stephen Robert La Pierre				
TITLE:	SECRETARY				
ADDRESS:	222 S. 15th street				
	Suite 1202S				
CITY/ST/ZIP/CO:	Omaha, NE 68102				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	David R. Charsky				
TITLE:	TREASURER				
ADDRESS:	222 S. 15th Street				
	Suite 1202S				
CITY/ST/ZIP/CO:	Omaha, NE 68102				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	John P. Grant				
TITLE:	DIRECTOR				
ADDRESS:	222 S. 15th Street				
	Suite 1202S				
CITY/ST/ZIP/CO:	Omaha, NE 68102				

NAME: Kenneth King TITLE: DIRECTOR ADDRESS: 222 S. 15th Street Suite 1202S CITY/ST/ZIP/CO: Omaha, NE 68102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: William A. Lewis IV TITLE: DIRECTOR ADDRESS: 222 S. 15th Street Suite 1202S CITY/ST/ZIP/CO: Omaha, NE 68102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Daniel B. Cathcart TITLE: DIRECTOR ADDRESS: 222 S. 15th Street Suite 1202S CITY/ST/ZIP/CO: Omaha, NE 68102	<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/ Stephen RobertLa Pierre	Stephen RobertLa Pierre,	6/16/2014
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.		