

1.) CORPORATION NAME:

**WEST AMERICAN INSURANCE COMPANY**

DUE DATE: **8/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

SCC ID NO: **F1223611**

**Bank of America Center, 16th Floor  
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	700,000

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 350 EAST 96TH STREET

CITY/ST/ZIP: INDIANAPOLIS, IN 46240

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:	J. PAUL CONDRIN III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/P		
ADDRESS:	175 BERKELEY STREET		
CITY/ST/ZIP/CO:	BOSTON, MA 02116		

NAME:	LAURANCE HS YAHIA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	175 BERKELEY ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02116		

NAME:	MICHAEL J FALLON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	175 BERKELEY ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02116		

NAME:	DEXTER R LEGG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	175 BERKELEY STREET		
CITY/ST/ZIP/CO:	BOSTON, MA 02116		

NAME:	KRISTIN L KELLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	175 BERKELEY ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02116		

NAME:	JOHN D DOYLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 BERKELEY ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02116		

NAME:	KATHRYN M WINN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 BERKELEY STREET		
CITY/ST/ZIP/CO:	BOSTON, MA 02116		

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.

<u>/s/ KRISTIN L KELLEY</u>	<u>KRISTIN L KELLEY, ASST</u>	<u>8/26/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.