

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213510974

1.) CORPORATION NAME:

**T.H.E. Insurance Company**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

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

SCC ID NO: **F1421611**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500,350

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**LA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10451 GULF BLVD

CITY/ST/ZIP: TREASURE ISLAND, FL 33706

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:	CHARLES T LANDRUM	
TITLE:	PRESIDENT	
ADDRESS:	10451 GULF BOULEVARD	
CITY/ST/ZIP/CO:	TREASURE ISLAND, FL 33706-4814	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN L SUTACK JR	
TITLE:	VICE PRESIDENT	
ADDRESS:	10451 GULF BLVD	
CITY/ST/ZIP/CO:	TREASURE ISLAND, FL 33706	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEVEN DEL VECCHIO	
TITLE:	SECRETARY	
ADDRESS:	10451 GULF BOULEVARD	
CITY/ST/ZIP/CO:	TREASURE ISLAND, FL 33706	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SHARON L KEEFE	
TITLE:	DIRECTOR	
ADDRESS:	10451 GULF BLVD	
CITY/ST/ZIP/CO:	TREASURE ISLAND, FL 33706	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT C. LAMB, JR.	
TITLE:	DIRECTOR	
ADDRESS:	10451 GULF BOULEVARD	
CITY/ST/ZIP/CO:	TREASURE ISLAND, FL 33706	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Beth Monts	
TITLE:	TREASURER	
ADDRESS:	10451 Gulf Boulevard	
CITY/ST/ZIP/CO:	Treasure Island, FL 33706	

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/ SHARON L KEEFE	SHARON L KEEFE, DIRECTOR	3/1/2013
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.		