

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213528635

1.) CORPORATION NAME:

Capitol Special Risks, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1558099**

5.) STOCK INFORMATION

CLASS AUTHORIZED

GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1899 POWERS FERRY RD
STE 100

CITY/ST/ZIP: ATLANTA, GA 30339

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:	DOROTHEA P WESTIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1899 POWERS FERRY RD		
	STE 100		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339		

NAME:	AMANDA SEDLIAK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST VP		
ADDRESS:	1899 POWERS FERRY RD		
	ST-100		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339		

NAME:	LYNN M LEVINSOM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1899 POWERS FERRY RD		
	STE 100		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339		

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/ DOROTHEA P WESTIN	DOROTHEA P WESTIN,	6/19/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.