

1.) CORPORATION NAME:

**LIA Insurance Administrators, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
NATIONAL REGISTERED AGENTS INC  
4001 North Ninth Street, Suite 227  
ARLINGTON, VA 22203**

DUE DATE: **11/30/2011**

SCC ID NO: **F1568072**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1600 ANACAPA ST

CITY/ST/ZIP: SANTA BARBARA, CA 93101-

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: ROBERT WILEY  
TITLE: PRESIDENT  
ADDRESS: 1600 ANACAPA ST  
CITY/ST/ZIP/CO: SANTA BARBARA, CA 93101-

OFFICER

DIRECTOR

NAME: KARLENE GOFF  
TITLE: VP/SEC  
ADDRESS: 1600 ANACAPA ST  
CITY/ST/ZIP/CO: SANTA BARBARA, CA 93101-

OFFICER

DIRECTOR

NAME: HELEN WILEY  
TITLE: TREASURER  
ADDRESS: 1600 ANACAPA ST  
CITY/ST/ZIP/CO: SANTA BARBARA, CA 93101-

OFFICER

DIRECTOR

NAME: ROBERT ALLEN WILEY  
TITLE: DIRECTOR  
ADDRESS: 1600 ANACAPA ST  
CITY/ST/ZIP/CO: SANTA BARBARA, CA 93101-

OFFICER

DIRECTOR

NAME: PETER T CHRISTIANSEN  
TITLE: DIRECTOR  
ADDRESS: 1600 ANACAPA ST  
CITY/ST/ZIP/CO: SANTA BARBARA, CA 93101-

OFFICER

DIRECTOR

NAME: NINETTE E LEE  
TITLE: DIRECTOR  
ADDRESS: 1600 ANACAPA ST  
CITY/ST/ZIP/CO: SANTA BARBARA, CA 93101-

OFFICER

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/ KARLENE GOFF	KARLENE GOFF, VP/SEC	11/1/2011
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.