

1.) CORPORATION NAME:

LIA Insurance Administrators, Inc.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1568072**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO 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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT WILEY	
TITLE:	PRESIDENT	
ADDRESS:	1600 ANACAPA ST	
CITY/ST/ZIP/CO:	SANTA BARBARA, CA 93101	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KARLENE GOFF	
TITLE:	VP/SEC	
ADDRESS:	1600 ANACAPA ST	
CITY/ST/ZIP/CO:	SANTA BARBARA, CA 93101	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HELEN WILEY	
TITLE:	TREASURER	
ADDRESS:	1600 ANACAPA ST	
CITY/ST/ZIP/CO:	SANTA BARBARA, CA 93101	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PETER T CHRISTIANSEN	
TITLE:	DIRECTOR	
ADDRESS:	1600 ANACAPA ST	
CITY/ST/ZIP/CO:	SANTA BARBARA, CA 93101	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NINETTE E LEE	
TITLE:	DIRECTOR	
ADDRESS:	1600 ANACAPA ST	
CITY/ST/ZIP/CO:	SANTA BARBARA, CA 93101	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT ALLEN WILEY	
TITLE:	Assistant VP	
ADDRESS:	1600 ANACAPA ST	
CITY/ST/ZIP/CO:	SANTA BARBARA, CA 93101	

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	10/10/2012
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.		