

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213551318

1.) CORPORATION NAME:

LIA Insurance Administrators, Inc.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1568072**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

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 checked="" type="checkbox"/>	DIRECTOR
NAME:	ROBERT ALLEN WILEY				
TITLE:	ASSISTANT VP				
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 CHRISTENSEN				
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				

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/ ROBERT WILEY	ROBERT WILEY, PRESIDENT	10/30/2013
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.