

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211502849

1.) CORPORATION NAME:

American Specialty Health Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

DUE DATE: **2/28/2011**

SCC ID NO: **F1576331**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10221 WATERIDGE CIRCLE

CITY/ST/ZIP: SAN DIEGO, CA 92121-

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:	WILLIAM M COMER, JR.			
TITLE:	TREASURER			
ADDRESS:	10221 WATERIDGE CIRCLE			
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92121-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ROBERT P WHITE			
TITLE:	P/COO/D			
ADDRESS:	10221 WATERIDGE CIRCLE			
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92121-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JULIE K JENNINGS			
TITLE:	EXEC VP/S/D			
ADDRESS:	10221 WATERIDGE CIRCLE			
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92121-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	GEORGE T DEVRIES			
TITLE:	CEO-CHAIRMAN			
ADDRESS:	10221 WATERIDGE CIRCLE			
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92121-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	KEVIN E KUJAWA			
TITLE:	CIO/D			
ADDRESS:	10221 WATERIDGE CIRCLE			
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92121-			

NAME: R DOUGLAS METZ TITLE: VICE PRESIDENT ADDRESS: 10221 WATERIDGE CIRCLE CITY/ST/ZIP/CO: SAN DIEGO, CA 92121-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL PETERSON TITLE: DIRECTOR ADDRESS: 436 SOUTH THURLOW CITY/ST/ZIP/CO: HINSDALE, IL 60521-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ARTHUR R WYATT TITLE: DIRECTOR ADDRESS: 4 COUNTRY CLUB CIRCLE CITY/ST/ZIP/CO: VILLAGE OF GOLF, FL 33436-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MONTE DUBE TITLE: DIRECTOR ADDRESS: 70 WEST MADISON #3800 CITY/ST/ZIP/CO: CHICAGO, IL 60602-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> 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.	
<u>/s/ WILLIAM M COMER, JR.</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>WILLIAM M COMER, JR.,</u> TREASURER PRINTED NAME AND CORPORATE TITLE
<u>1/31/2011</u> 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.	