

1.) CORPORATION NAME:

American Specialty Health Insurance Company

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1576331**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

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.

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

NAME:	R DOUGLAS METZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	10221 WATERIDGE CIRCLE		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92121		

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

NAME:	WILLIAM M COMER, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	10221 WATERIDGE CIRCLE		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92121		

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

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

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	
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: DANIEL YUNKER TITLE: DIRECTOR ADDRESS: 2 POOLE COURT CITY/ST/ZIP/CO: BATAVIA, IL 60510	<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.		
/s/ WILLIAM M COMER, JR. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM M COMER, JR., TREASURER PRINTED NAME AND CORPORATE TITLE	1/16/2014 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.		