

SCC eFile

2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

216501580

1.) CORPORATION NAME:

American Specialty Health Insurance Company

DUE DATE: **2/29/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.
250 BROWNS HILL COURT
MIDLOTHIAN, VA**

SCC ID NO: **F1576331**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12800 NORTH MERIDIAN STREET

CITY/ST/ZIP: CARMEL, IN 46032

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 P WHITE				
TITLE:	PRESIDENT				
ADDRESS:	10221 WATERIDGE CIRCLE				
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92121				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	R DOUGLAS METZ				
TITLE:	VICE PRESIDENT				
ADDRESS:	12800 NORTH MERIDIAN STREET				
CITY/ST/ZIP/CO:	CARMEL, IN 46032				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JULIE K JENNINGS				
TITLE:	VICE PRESIDENT				
ADDRESS:	12800 NORTH MERIDIAN STREET				
CITY/ST/ZIP/CO:	CARMEL, IN 46032				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	WILLIAM M COMER, JR.				
TITLE:	TREASURER				
ADDRESS:	12800 NORTH MERIDIAN STREET				
CITY/ST/ZIP/CO:	CARMEL, IN 46032				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	GEORGE T DEVRIES				
TITLE:	CEO-CHAIRMAN				
ADDRESS:	12800 NORTH MERIDIAN STREET				
CITY/ST/ZIP/CO:	CARMEL, IN 46032				

		<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: 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	1/5/2016 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.		