

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213552253

1.) CORPORATION NAME:

**Western United Insurance Company**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1603416**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10401 N. Meridian St Suite 300  
Two Meridian Plaza

CITY/ST/ZIP: INDIANAPOLIS, IN 46290

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:	PAULA F DOWNEY				
TITLE:	PRESIDENT				
ADDRESS:	3055 OAK RD				
CITY/ST/ZIP/CO:	WALNUT CREEK, CA 94597				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MICHAEL J ZUKERMAN				
TITLE:	SECRETARY				
ADDRESS:	3055 OAK ROAD				
CITY/ST/ZIP/CO:	WALNUT CREEK, CA 94597				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MICHAEL S DAY				
TITLE:	CFO/TREAS				
ADDRESS:	3055 OAK RD				
CITY/ST/ZIP/CO:	WALNUT CREEK, CA 94597				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JOHN J RICHMOND				
TITLE:	ASST SECRETARY				
ADDRESS:	3055 OAK RD				
CITY/ST/ZIP/CO:	WALNUT CREEK, CA 94597				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	PHYLLIS T SOLOMON				
TITLE:	ASST SECRETARY				
ADDRESS:	3055 OAK ROAD				
CITY/ST/ZIP/CO:	WALNUT CREEK, CA 94597				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	STEVEN GEORGE				
TITLE:	DIRECTOR				
ADDRESS:	3055 OAK ROAD				
CITY/ST/ZIP/CO:	WALNUT CREEK, CA 94597				

NAME:	NEIL P JENNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1856 KINGEN DRIVE		
CITY/ST/ZIP/CO:	GREENFIELD, IN 46140		

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/ PHYLLIS T SOLOMON	PHYLLIS T SOLOMON, ASST SECRETARY	10/31/2013
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.