

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213518129

1.) CORPORATION NAME:

Equity Insurance Company

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1617382**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4315 LAKE SHORE DR
STE J

CITY/ST/ZIP: WACO, TX 76710

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:	CHARLES M DAVIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4315 LAKE SHORE DR STE J		
CITY/ST/ZIP/CO:	WACO, TX 76710		

NAME:	JENNIFER DAVIS HUDDLESTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	S / EVP		
ADDRESS:	15443 KNOLL TRAIL DR STE 110		
CITY/ST/ZIP/CO:	DALLAS, TX 75248		

NAME:	CHRISTOPHER A MCCLELLAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP / GC		
ADDRESS:	716 CONGRESS AVE STE 201		
CITY/ST/ZIP/CO:	AUSTIN, TX 78701		

NAME:	MICHAEL G TOOLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP		
ADDRESS:	15443 KNOLL TRAIL DR STE 110		
CITY/ST/ZIP/CO:	DALLAS, TX 75248		

NAME:	RUDY G HERIOG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER / EVP		
ADDRESS:	4315 LAKE SHORE DR STE J		
CITY/ST/ZIP/CO:	WACO, TX 76710		

NAME:	JOHN M DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	4315 LAKE SHORE DR STE J		
CITY/ST/ZIP/CO:	WACO, TX 76710		

NAME:	HARRIET H DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4315 LAKE SHORE DR STE J		
CITY/ST/ZIP/CO:	WACO, TX 76710		

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/ CHRISTOPHER A MCCLELLAN</u>	<u>CHRISTOPHER A MCCLELLAN,</u>	<u>4/16/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EVP / GC 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.