

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214512877

1.) CORPORATION NAME:

CENTRAL INSURANCE MANAGEMENT, INC.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1625849**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8325 N ALLEN ROAD STE B

CITY/ST/ZIP: PEORIA, IL 61615

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 type="checkbox"/> DIRECTOR |
| NAME: | WILLIAM MEISEN | | |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 6400 SE LAKE ROAD STE 190 | | |
| CITY/ST/ZIP/CO: | PORTLAND, OR 97222 | | |

| | | | |
|-----------------|-----------------------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | Kevin J Rehnberg | | |
| TITLE: | EXEC VP | | |
| ADDRESS: | 175 E. HOUSTON ST | | |
| CITY/ST/ZIP/CO: | STE 1300 SAN ANTONIO, TX 78205 | | |

| | | | |
|-----------------|-----------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | BARBARA L SUTHERLAND | | |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 175 E. HOUSTON ST | | |
| CITY/ST/ZIP/CO: | SAN ANTONIO, TX 78205 | | |

| | | | |
|-----------------|-----------------------------------|---|-----------------------------------|
| | | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: | LYNN K GEURIN | | |
| TITLE: | TREASURER | | |
| ADDRESS: | 175 E. HOUSTON ST | | |
| CITY/ST/ZIP/CO: | STE 1300 SAN ANTONIO, TX 78205 | | |

| | | | |
|-----------------|-----------------------------------|---|--|
| | | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: | CRAIG S. COMEAUX | | |
| TITLE: | SECRETARY | | |
| ADDRESS: | 175 E. HOUSTON ST | | |
| CITY/ST/ZIP/CO: | STE 1300 SAN ANTONIO, TX 78205 | | |

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/ BARBARA L SUTHERLAND</u> | <u>BARBARA L SUTHERLAND, VICE</u> | <u>3/10/2014</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRESIDENT 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.