

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	212543726
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1.) CORPORATION NAME: <b>American Insurance Administrators, Inc.</b>	DUE DATE: <b>11/30/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JOHN V ROBINSON 7102 THREE CHOPT RD RICHMOND, VA 23226</b>	SCC ID NO: <b>F1728973</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000,000
CLASS	AUTHORIZED				
COMMON	1,000,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>PA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4550 LENA DRIVE

CITY/ST/ZIP: MECHANICSBURG, PA 17055

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: EUGENE FRITZ	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 1410 WATERFORD				
CITY/ST/ZIP/CO: CAMPHILL, PA 17011				

NAME: DONALD R WERT	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 647 SAWMILL RD				
CITY/ST/ZIP/CO: MECHANICSBURG, PA 17055				

NAME: DAN G DORSHEIMER	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: 107 TURTLE HOLLOW DRIVE				
CITY/ST/ZIP/CO: LEWISBERRY, PA 17339				

NAME: KATHY R REISINGER	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: ASST SEC				
ADDRESS: 16 E MAPLE ST				
CITY/ST/ZIP/CO: BOX 147 E PROSPECT, PA 17317				

NAME: PATRICIA C ROBINSON	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: ASST SEC				
ADDRESS: 1436 SCANSETT WAY				
CITY/ST/ZIP/CO: NEW CUMBERLAND, PA 17070				

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/ EUGENE FRITZ	EUGENE FRITZ, DIRECTOR	11/14/2012
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.