

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214512710

1.) CORPORATION NAME:

Clermont Insurance Company

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1745381**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300,000
PREFER	300,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3 UNIVERSITY PLAZA
STE 604

CITY/ST/ZIP: HACKENSACK, NJ 07601

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:	WILLIAM JAMES JOHNSTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	CLERMONT INSURANCE COMPANY 3 UNIVERSITY PLAZA DR, STE 604 HACKENSACK, NJ 07601		
CITY/ST/ZIP/CO:			
NAME:	STEPHANIE MILLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	CLERMONT INSURANCE COMPANY 3 UNIVERSITY PLAZA DR, STE 604 HACKENSACK, NJ 07601		
CITY/ST/ZIP/CO:			
NAME:	BELINDA MYCHAJLIW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	CLERMONT INSURANCE COMPANY 3 UNIVERSITY PLAZA DR, STE 604 HACKENSACK, NJ 07601		
CITY/ST/ZIP/CO:			
NAME:	RICHARD HENRY STARKIE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	CLERMONT INSURANCE COMPANY 3 UNIVERSITY PLAZA DR, STE 604 HACKENSACK, NJ 07601		
CITY/ST/ZIP/CO:			
NAME:	ANDREA KANEFSKY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	CLERMONT INSURANCE COMPANY 3 UNIVERSITY PLAZA DR, STE 604 HACKENSACK, NJ 07601		
CITY/ST/ZIP/CO:			

NAME:	HOLLY MICHELLE FETTINGER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	CLERMONT INSURANCE COMPANY		
	3 UNIVERSITY PLAZA DR, STE 604		
CITY/ST/ZIP/CO:	HACKENSACK, NJ 07601		

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/ HOLLY MICHELLE FETTINGER</u>	<u>HOLLY MICHELLE FETTINGER,</u>	<u>3/10/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.