

1.) CORPORATION NAME:

WESTMINSTER AMERICAN INSURANCE COMPANY

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**STEVEN A MICHAEL PLLC
1950 OLD GALLOWS RD 7TH FL
VIENNA, VA**

SCC ID NO: **F1794314**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8890 McDonogh Road
Suite 310

CITY/ST/ZIP: Owings Mills, MD 21117

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:	FRANK HISER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8890 McDonogh Road Suite 310		
CITY/ST/ZIP/CO:	Owings Mills, MD 21117		

NAME:	JOHN SCOTT JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/GC		
ADDRESS:	8890 McDonogh Road Suite 310		
CITY/ST/ZIP/CO:	Owings Mills, MD 21117		

NAME:	MICHAEL PFARR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	8890 McDonogh Road Suite 310		
CITY/ST/ZIP/CO:	Owings Mills, MD 21117		

NAME:	MICHAEL H BURGOYNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1829 REISTERSTOWN ROAD SUITE 200		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21208		

NAME:	STEPHEN COCCAGNA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8890 McDonogh Road		
CITY/ST/ZIP/CO:	Owings Mills, MD 21117		

NAME:	GEORGE DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2654 LEGENDS WAY		
CITY/ST/ZIP/CO:	ELLCOTT CITY, MD 21042		

NAME: WILLIAM W FURR TITLE: DIRECTOR ADDRESS: 3954 RECREATION LANE CITY/ST/ZIP/CO: NAPLES, FL 34116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FRANK GLORIOSO TITLE: DIRECTOR ADDRESS: 1950 OLD GALLOWS ROAD CITY/ST/ZIP/CO: SUITE 700 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LLOYD HARRISON TITLE: DIRECTOR ADDRESS: 410 William Street PO Box 8029 Fredericksburg, VA 22404	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LEONARD P MARINACCIO TITLE: DIRECTOR ADDRESS: 8120 FENTON STREET SUITE 300 SILVER SPRING, MD 20910	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN SCOTT SR TITLE: DIRECTOR ADDRESS: 8120 FENTON ST STREET SUITE 300 SILVER SPRING, MD 20910	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ MICHAEL PFARR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL PFARR, CFO PRINTED NAME AND CORPORATE TITLE	5/21/2013 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.		