

1.) CORPORATION NAME:

WESTMINSTER AMERICAN INSURANCE COMPANY

DUE DATE: **6/30/2014**

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
COMMON	30,000,000
PREFER	20,000,000

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	FRANK HISER	
TITLE:	PRESIDENT	
ADDRESS:	8890 MCDONOGH ROAD SUITE 310 OWINGS MILLS, MD 21117	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN SCOTT JR	
TITLE:	VP/GC	
ADDRESS:	8890 MCDONOGH ROAD SUITE 310 OWINGS MILLS, MD 21117	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL PFARR	
TITLE:	CFO	
ADDRESS:	8890 MCDONOGH ROAD SUITE 310 OWINGS MILLS, MD 21117	

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

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEPHEN COCCAGNA	
TITLE:	DIRECTOR	
ADDRESS:	8890 MCDONOGH ROAD OWINGS MILLS, MD 21117	

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM W FURR DIRECTOR 3954 RECREATION LANE NAPLES, FL 34116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FRANK GLORIOSO DIRECTOR 1950 OLD GALLOWS ROAD SUITE 700 VIENNA, VA 22182	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LLOYD HARRISON DIRECTOR 410 WILLIAM STREET PO BOX 8029 FREDERICKSBURG, VA 22404	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEONARD P MARINACCIO DIRECTOR 8120 FENTON STREET SUITE 300 SILVER SPRING, MD 20910	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN SCOTT SR DIRECTOR 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	5/16/2014 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.			