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| SCC eFile | 2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 212543073 |
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|--|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME: American Select Insurance Company | DUE DATE: 12/31/2012 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802 | SCC ID NO: F1845397 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | 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>5,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 5,000 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 5,000 | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: OH | | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE PARK CIRCLE

CITY/ST/ZIP: WESTFIELD CENTER, OH 44251

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.

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|--|-------------------------------------|---------|--------------------------|----------|
| | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: EDWARD J. LARGENT, III TITLE: PRESIDENT ADDRESS: ONE PARK CIRCLE CITY/ST/ZIP/CO: WESTFIELD CENTER, OH 44251 | | | | |

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|---|-------------------------------------|---------|--------------------------|----------|
| | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: FRANK CARRINO TITLE: SECRETARY ADDRESS: ONE PARK CIRCLE CITY/ST/ZIP/CO: WESTFIELD CENTER, OH 44251 | | | | |

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|---|-------------------------------------|---------|-------------------------------------|----------|
| | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: JAMES R CLAY TITLE: CEO/GROUP LDR ADDRESS: ONE PARK CIR CITY/ST/ZIP/CO: WESTFIELD CENTER, OH 44256 | | | | |

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|---|--------------------------|---------|-------------------------------------|----------|
| | <input type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: FARIBORZ GHADER TITLE: DIRECTOR ADDRESS: 2029 CONNECTICUT AVE NW APT 21 CITY/ST/ZIP/CO: WASHINGTON, DC 20008 | | | | |

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.

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|---|----------------------------------|-----------|
| /s/ FRANK CARRINO | FRANK CARRINO, SECRETARY | 11/7/2012 |
| 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.