

|  |   |       |            |        |       |
|--|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>American Select Insurance Company</b>  | DUE DATE: <b>12/31/2013</b>   |       |            |        |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>4701 COX ROAD, SUITE 285<br/>GLEN ALLEN, VA</b> | SCC ID NO: <b>F1845397</b>  |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   | 5.) STOCK INFORMATION<br><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:<br><b>OH</b>  |   |       |            |        |       |

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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: ONE PARK CIRCLE<br><br>CITY/ST/ZIP: WESTFIELD CENTER, OH 44251 |  |
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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: EDWARD J. LARGENT, III<br>TITLE: PRESIDENT<br>ADDRESS: ONE PARK CIRCLE<br>CITY/ST/ZIP/CO: WESTFIELD CENTER, OH 44251  | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: JAMES R CLAY<br>TITLE: CEO/GROUP LDR<br>ADDRESS: ONE PARK CIR<br>CITY/ST/ZIP/CO: WESTFIELD CENTER, OH 44256           | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: FRANK CARRINO<br>TITLE: SECRETARY<br>ADDRESS: ONE PARK CIRCLE<br>CITY/ST/ZIP/CO: WESTFIELD CENTER, OH 44251           | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/>            | DIRECTOR |
| NAME: FARIBORZ GHADER<br>TITLE: DIRECTOR<br>ADDRESS: 2029 CONNECTICUT AVE NW APT 21<br>CITY/ST/ZIP/CO: WASHINGTON, DC 20008 | <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/ FRANK CARRINO                                   | FRANK CARRINO, SECRETARY         | 10/16/2013 |
| 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.