

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212536294

1.) CORPORATION NAME:

**ADM Insurance Company**

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1877531**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**AZ**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2555 East Camelback Road  
STE 700

CITY/ST/ZIP: PHOENIX, AZ 85016

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:	MICAH EL LUSK				
TITLE:	PRESIDENT				
ADDRESS:	4666 FARIES PKWY				
CITY/ST/ZIP/CO:	DECATUR, IL 62526				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	PETER JOY				
TITLE:	VP/ASST SEC				
ADDRESS:	76 SAINT PAUL ST				
CITY/ST/ZIP/CO:	STE 500 BURLINGTON, VT 05401				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	VIKRAM LUTHAR				
TITLE:	DIRECTOR				
ADDRESS:	4666 FARIES PKWY				
CITY/ST/ZIP/CO:	DECATUR, IL 62526				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	RAY GUY YOUNG				
TITLE:	PRESIDENT				
ADDRESS:	4666 FARIES PKWY				
CITY/ST/ZIP/CO:	DECATUR, IL 62526				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	Joseph Taets				
TITLE:	DIRECTOR				
ADDRESS:	4666 Faries Parkway				
CITY/ST/ZIP/CO:	Decatur, IL 62526				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	John P Stott				
TITLE:	DIRECTOR				
ADDRESS:	4666 Faries Parkway				
CITY/ST/ZIP/CO:	Decatur, IL 62526				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Molly Strader Fruit TREASURER 4666 Faries Parkway Decatur, IL 62526	<input checked="" type="checkbox"/> OFFICER	<input 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/ PETER JOY	PETER JOY, VP/ASST SEC	9/21/2012	
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.			