

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212536297

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.

|                 |                   |   |  |
|-----------------|-------------------|---|--|
| NAME:           | MICAHIEL LUSK     | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT         |   |  |
| ADDRESS:        | 4666 FARIES PKWY  |   |  |
| CITY/ST/ZIP/CO: | DECATUR, IL 62526 |   |  |

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

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

|                 |                     |   |                                   |
|-----------------|---------------------|---|-----------------------------------|
| NAME:           | MOLLY STRADER FRUIT | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER           |   |                                   |
| ADDRESS:        | 4666 FARIES PARKWAY |   |                                   |
| CITY/ST/ZIP/CO: | DECATUR, IL 62526   |   |                                   |

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

|                 |                     |                                  |  |
|-----------------|---------------------|----------------------------------|--|
| NAME:           | JOHN P STOTT        | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR            |                                  |  |
| ADDRESS:        | 4666 FARIES PARKWAY |                                  |  |
| CITY/ST/ZIP/CO: | DECATUR, IL 62526   |                                  |  |

|                 |                     |                                  |  |
|-----------------|---------------------|----------------------------------|--|
| NAME:           | JOSEPH TAETS        | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR            |                                  |  |
| ADDRESS:        | 4666 FARIES PARKWAY |                                  |  |
| CITY/ST/ZIP/CO: | DECATUR, IL 62526   |                                  |  |

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.