

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214531249				
1.) CORPORATION NAME: Lion Insurance Company		DUE DATE: 6/30/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL CORPORATE RESEARCH, LTD. 250 BROWNS HILL COURT MIDLOTHIAN, VA		SCC ID NO: F1930827				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY		5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: FL		<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>2,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,000,000
CLASS	AUTHORIZED					
COMMON	2,000,000					
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2739 U.S. HIGHWAY 19 N. CITY/ST/ZIP: HOLIDAY, FL 34691						
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: John A Porreca TITLE: PRESIDENT ADDRESS: 2739 Us Highway 19 CITY/ST/ZIP/CO: Holiday, FL 34691	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: Deborah A. Porreca TITLE: SECRETARY ADDRESS: 2739 Us Highway 19 CITY/ST/ZIP/CO: Holiday, FL 34691	<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/ John APorreca	John APorreca,	6/18/2014				
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.						