FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 806069 (1)

1. Corporation Name
WEST AMERICAN INSURANCE COMPANY

Principal Place of Business:
136 NO THIRD ST
HAMILTON OHIO 45025
US

Mailing Address:
136 NO THIRD ST
HAMILTON OHIO 45025
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1946
3a. Date of Last Report: 05/01/1994
4. FEI Number: 31-0624491 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. Florida Statutes [X] Yes ☐ No

2. Principal Place of Business — 2a Mailing Address (21–30: blank)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPULLER, T F 500 WINDERLEY PL STE 200 MAITLAND FL 32751-7207	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: T. F Spuller — 4/17/95

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1 TITLE	☐ Change ☐ Addition
NAME	MARCUM, JOSEPH L.	1 NAME	
STREET ADDRESS	136 NO. THIRD ST.	1 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON OH	1 CITY-ST-ZIP	
TITLE	D	2 TITLE	☐ Change [X] Addition
NAME	SLONEKER, HOWARD LESLIE	2 NAME	Howard Leslie Sloneker, Jr.
STREET ADDRESS	136 NO. THIRD ST.	2 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON OH	2 CITY-ST-ZIP	
TITLE	T	3 TITLE	☐ Change ☐ Addition
NAME	PORTER,BARRY S	3 NAME	
STREET ADDRESS	136 NO. THIRD ST	3 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON OH	3 CITY-ST-ZIP	
TITLE	PD	4 TITLE	☐ Change ☐ Addition
NAME	PATCH, LAUREN N.	4 NAME	
STREET ADDRESS	136 NO. THIRD ST	4 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON OH	4 CITY-ST-ZIP	
TITLE	D	5 TITLE	☐ Change ☐ Addition
NAME	RICHARDSON, SEWARD	5 NAME	
STREET ADDRESS	2420 E. LINCOLN AVENUE	5 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Barry S. Porter 4/17/95 (513) 867-3903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0466563 FP