## **2006 FOR PROFIT CORPORATION ANNUAL REPORT** 04-07-2006 90016 029 \*\*\*150.00 **DOCUMENT #806069** 1. Entity Name WEST AMERICAN INSURANCE COMPANY

## **FILED** Apr 07, 2006 8:00 am Secretary of State

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Principal Place of Business Mailing Address												
9450 SEWARD ROAD			WEST AMERICAN INSUI	WEST AMERICAN INSURANCE CO.			•.		ı"			
FAIRFIELD, OH 45014 US			9450 SEWARD ROAD			ŀ						
•			FAIRFIELD, OH 45014	FAIRFIELD, OH 45014 US								
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2. Principal F	Place of Busine	ess	3. Mailing Address									
Cuito Ant	# 010		0.3.4	Code And House								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03212006	Chg-P	CF	R2E034 (11/05)		
City & State			City & Chata	City & Ctata			<del></del>					
City & State			City & State			4	4. FEI Numb	-		— — — — — — — — — — — — — — — — — — —	pplied For	
Zip Country			7in	Zip Country			31-062	24491			ot Applicable	
]	2.ip Country		Ζίρ	Codility		5	5. Certificate of Status Desired \$8.75					
6. Name and Address of Current Regis			Registered Agent	ered Agent			Fee Required 7. Name and Address of New Registered Agent					
5. Name and Address of Current Registered Agent						Name Name						
CORPOR												
1201 HAYS STREET				Street Addres			s (P.O. Box Number is Not Acceptable)					
TALLAHASSEE, FL 32301-2525												
						"			-	FL Zip Cod	le	
City										<b>FL</b>   '		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												
and desiration of regiments again.												
SIGNATURE.												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.												
Arter Wi	ay 1, 2006	ree will be \$550.	NO HOSE PURIO COM	HDUMOH.	ш	Addedi	to rees					
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS,	CHANGES TO	OFFICERS	AND DIRECTOR	S IN 11	
TITLE	CEOP		☐ Delete	TITLE						☐ Change	Addition	
NAME	CARMICHA	AEL, DAN R		NAM	E							
STREET ADDRESS	9450 SEW	ARD ROAD		STRE	ET ADDRESS							
CITY-ST-ZIP	FAIRFIELD	, OH 45014		CITY	-ST-ZIP							
TITLE	SVP	<del> </del>	<b>⊠</b> Delete	TITLE		Fyer	. VP/0	200		Change	Addition	
NAME	SLONEKER	R, HOWARD L III		NAM	E	John	i S. Bu	ishv		orenge	Addition	
STREET ADORESS	9450 SEW/	ARD ROAD		STRE	ET ADDRESS	9450	Sewar	ya ku				
CITY-ST-ZIP	FAIRFIELD	, OH 45014		CITY	-ST-ZIP			OH 450	14			
TITLE	PIO		<b>⊠</b> Delete	TITLE			sident,		· ·	☐ Change	Addition	
NAME	RICZKO, EI	LIZABETH		NAMI		Rair	sh S. N	4ichael	III	Onlinge	Addition	
STREET ADDRESS	9450 SEWA	ARD ROAD		STRE	ET ADORESS	9450	Sewar	Michael od Rd.	•••			
CITY-ST-ZIP	FAIRFIELD.	, OH 45014		CITY	-ST-ZIP	Fair	field.	OH 450	14			
TITLE	EVPC		☐ Delete	TITLE	:					☐ Change	Addition	
NAME	WINNER, M	IICAHEL A	_ below	NAM						£ Change	L Addition	
STREET ADDRESS	9450 SEWA	ARD ROAD			ET ADDRESS							
CITY-ST-ZIP	FAIRFIELD,	, OH 45014		CITY-	-ST-ZIP							
TITLE	SVPS		☐ Delete	ŤIŤLE						☐ Change		
NAME	CRANE, DE	BRA	Therete	NAME						☐ change	Addition	
STREET ADDRESS	9450 SEWA				ET ADDRESS							
CITY-ST-ZIP	FAIRFIELD.				-ST-ZIP							
TITLE	C		☐ Defele	-	<del></del>		-					
NAME	PONTIUS, S	STANLEY N	∟J Delete	TITLE						☐ Change	Addition	
STREET ADDRESS	l			NAME								
STREET ADDRESS   300 HIGH STREET  CITY-ST-ZIP HAMILTON, OH 45011					ET ADORESS							
	. IF STORE TO IN	, 0.1 -0011		ST-ZIP								

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-06

513-603-2212

Daytime Phone #