


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 806069</b> 1. Entity Name <b>WEST AMERICAN INSURANCE COMPANY</b>	
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Principal Place of Business <b>9450 SEWARD ROAD FAIRFIELD, OH 45014 US</b>	Mailing Address <b>WEST AMERICAN INSURANCE CO. 9450 SEWARD ROAD FAIRFIELD, OH 45014 US</b>
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03072007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>31-0624491</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOP CARMICHAEL, DAN R 9450 SEWARD ROAD FAIRFIELD, OH 45014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPC BUSBY, JOHN S 9450 SEWARD ROAD FAIRFIELD, OH 45014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCOO MICHAEL, RALPH S III 9450 SEWARD ROAD FAIRFIELD, OH 45014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPC WINNER, MICHAEL A 9450 SEWARD ROAD FAIRFIELD, OH 45014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPS CRANE, DEBRA 9450 SEWARD ROAD FAIRFIELD, OH 45014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C PONTIUS, STANLEY N 300 HIGH STREET HAMILTON, OH 45011</b>

**DO NOT WRITE  
IN THIS SPACE**

00000067290  
03/30/07-80098-009 150.00

12. 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:** Debra K. Crane **Debra K. Crane** 3-8-07 **513-603-2212**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #