

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 806069

**Entity Name:** WEST AMERICAN INSURANCE COMPANY

**Current Principal Place of Business:**

350 EAST 96TH STREET  
INDIANAPOLIS, IN 46240

**Current Mailing Address:**

175 BERKELEY ST  
BOSTON, MA 02116 US

**FEI Number: 31-0624491**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CEOD  
Name            CONDRIN, J. PIII  
Address        175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title            SECD  
Name            LEGG, DEXTER R  
Address        175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title            T  
Name            YAHIA, LAURANCE HS  
Address        175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

Title            ASEC  
Name            KELLEY, KRISTIN L  
Address        175 BERKELEY ST  
City-State-Zip: BOSTON MA 02116

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DEXTER R. LEGG**

**SECRETARY**

**04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date