## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 806069** 

Entity Name: WEST AMERICAN INSURANCE COMPANY

FILED Apr 26, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9450 SEWARD ROAD 350 EAST 96TH STREET FAIRFIELD, OH 45014 US INDIANAPOLIS, IN 46240 US

Current Mailing Address: New Mailing Address:

175 BERKELEY ST BOSTON, MA 02116 US

FEI Number: 31-0624491 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

## **OFFICERS AND DIRECTORS:**

Title: CEOD

Name: CONDRIN, J. P III
Address: 175 BERKELEY ST
City-St-Zip: BOSTON, MA 02116

Title: EVPD

Name: GILLES, JOSEPH A Address: 175 BERKELEY ST City-St-Zip: BOSTON, MA 02116

Title: EVP

Name: FONTANES, A. A Address: 175 BERKELEY ST City-St-Zip: BOSTON, MA 02116

Title: EVPD

Name: GOODBY, SCOTT R Address: 175 BERKELEY ST City-St-Zip: BOSTON, MA 02116

Title: TD

Name: FALLON, MICHAEL J Address: 175 BERKELEY ST City-St-Zip: BOSTON, MA 02116

Title: ASEC

Name: CIOTTI, KRISTIN K Address: 175 BERKELEY ST City-St-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: KRISTIN K. CIOTTI ASEC 04/26/2011