



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

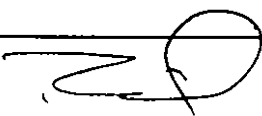
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 25 2022

BY 

1. Entity ID Number 000512023		2. Exact name of the Corporation LIA Insurance Administrators, Inc.	
3. Principal Office Address 1600 Anacapa St		City Santa Barbara	State CA
		Zip 93101	
4. NAICS Code 524210	6. Brief description of the character of business conducted in Rhode Island Insurance agency and third party administrator		
5. State of Incorporation PA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert C Wiley		Vice-President Name Robert A Wiley	
Street Address 1600 Anacapa St		Street Address 1600 Anacapa St	
City Santa Barbara	State CA	City Santa Barbara	State CA
Zip 93101		Zip 93101	
Secretary Name Paul E Porter		Treasurer Name Robert A Wiley	
Street Address 1600 Anacapa St		Street Address 1600 Anacapa St	
City Santa Barbara	State CA	City Santa Barbara	State CA
Zip 93101		Zip 93101	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Ninette Lee		Director Name Robert C Wiley	
Street Address 1600 Anacapa St		Street Address 1600 Anacapa St	
City Santa Barbara	State CA	City Santa Barbara	State CA
Zip 93101		Zip 93101	
Director Name Robert A Wiley		Director Name Paul E Porter	
Street Address 1600 Anacapa St		Street Address 1600 Anacapa St	
City Santa Barbara	State CA	City Santa Barbara	State CA
Zip 93101		Zip 93101	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1658	common
			.01
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative Robert A Wiley		Date 02/04/2022	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.n.gov

FORM 630 - Revised: 11/2021