

2019 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION



1. CORPORATION NAME:

The Travelers Protective Association of America

DUE DATE: 09/30/19

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.

CARLYLE R WIMBISH III  
8730 STONY POINT PARKWAY  
SUITE 201  
RICHMOND, VA 23235

SCC ID NO.: F000317-0

5. TOTAL NUMBER OF AUTHORIZED SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

216-RICHMOND CITY

4. STATE OR COUNTRY OF INCORPORATION:

MO-MISSOURI

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 2041 EXCHANGE DRIVE	ADDRESS:
CITY/ST/ZIP SAINT CHARLES, MO 63303	CITY/ST/ZIP

2019 AUG 13 AM 9:43

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: WAYNE WENTWORTH	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: 8301 W. PARKS ROAD	ADDRESS:
CITY/ST/ZIP: ST. JOHNS, MI 48879	CITY/ST/ZIP:

0008078



I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

ALBERT M SHOEMAKER JR  
PRINTED NAME AND CORPORATE TITLE  
CHIEF ADMINISTRATIVE OFFICER

AUGUST 7, 2019  
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

## 2019 ANNUAL REPORT CONTINUED

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CORPORATION NAME:  
The Travelers Protective Association of America

DUE DATE: 09/30/19  
SCC ID NO.: F000317-0

## 7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: L. BAILEY BLEDSOE TITLE: VICE PRESIDENT ADDRESS: 2919 BALTIC AVE CITY/ST/ZIP: GREENSBORO, NC 27406</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: L. BAILEY BLEDSOE TITLE: DIRECTOR ADDRESS: 2919 BALTIC AVE CITY/ST/ZIP: GREENSBORO, NC 27406</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: ALBERT M. SHOEMAKER JR TITLE: CHIEF ADMIN OFF ADDRESS: 2041 EXCHANGE DRIVE CITY/ST/ZIP: SAINT CHARLES, MO 63303</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: RICHARD MARTIN TITLE: DIRECTOR ADDRESS: 819 CALDWELL ROAD CITY/ST/ZIP: BLACKSBURG, SC 29702</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: LINDA PAYSEUR TITLE: DIRECTOR ADDRESS: 3427 DRIFTWOOD DRIVE CITY/ST/ZIP: GASTONIA, NC 28056-9324</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: DELILAH KELLER TITLE: DIRECTOR ADDRESS: 707 ELIZABETH AVE CITY/ST/ZIP: LAURELDALE, PA 19605</p>

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**The Travelers Protective Association of America**  
**NAIC #: 56006 SCC ID #: F000317-0**

**Additional Officers and Directors**

Name: E. L. Reed  
 Title: Vice President  
 Address: 1801 Fairchild St  
 Chillicothe, MO 64601

Name: Charlene Minor-Harman  
 Title: Director  
 Address: 205 Arch St  
 Bristol, TN 37620

Name: Joel Lederman **REPLACED**  
 Title: Director  
 Address: 16929 Cornerstone Ln  
 Parker, CO 80134

**\*\*Name:** William Kern, Jr  
 Title: Director  
 Address: 185 N State Rd  
 Branchdale, PA 17923

Name: Alfred Moore, Jr  
 Title: Director  
 Address: 1917 Alvin St  
 Lake Charles, LA 70601

Name: Carlyle Wimbish, Jr  
 Title: Director  
 Address: PO Box 4  
 South Boston, VA 24592

Name: Jack VanManen  
 Title: Director  
 Address: 2225 Radcliff Cir SE  
 Grand Rapids, MI 49546

**\*\* William Kern, Jr is to be deleted. He was replaced by Joel Lederman.**