

1.) CORPORATION NAME: AUGUSTA INSURANCE AGENCY, INCORPORATED 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: STEVE R MARSHALL 12 SUNSET BLVD STAUNTON, VA 24401 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: AUGUSTA COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 10/31/2012 SCC ID NO: 02106086 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 12 SUNSET BLVD CITY/ST/ZIP: STAUNTON, VA 24401-9181
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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.

NAME: STEVE R. MARSHALL TITLE: PRESIDENT ADDRESS: 12 SUNSET BLVD CITY/ST/ZIP/CO: STAUNTON, VA 24401	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: JERRY R COFFMAN TITLE: SECRETARY ADDRESS: 12 SUNSET BLVD. CITY/ST/ZIP/CO: STAUNTON, VA 24401	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ STEVE R. MARSHALL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEVE R. MARSHALL, PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/13/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.