

1.) CORPORATION NAME:

**CORPORATE INSURANCE MANAGEMENT, INC.**

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**HARRY F CUSTIS  
2750 KILLARNEY DRIVE, #202  
WOODBIDGE, VA**

SCC ID NO: **03438413**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**PRINCE WILLIAM COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2750 KILLARNEY DRIVE #202

CITY/ST/ZIP: WOODBRIDGE, VA 22192-1726

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:	GARY H HURST	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2750 KILLARNEY DRIVE #202		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192		

NAME:	DAVID R. BRANTLINGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2750 KILLARNEY DRIVE, #202		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192		

NAME:	CHRISTINA J. BROWN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2750 KILLARNEY DRIVE, #202		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192-4124		

NAME:	LAURIE S. COLEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2750 KILLARNEY DRIVE, #202		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192-4124		

NAME:	DEBORAH S. URBAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2750 KILLARNEY DRIVE, #202		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192-4124		

NAME:	CYNTHIA S LEWIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2750 KILLARNEY DRIVE #202		
CITY/ST/ZIP/CO:	WOODBIDGE, VA 22192		

NAME: JAMES W RODGERS TITLE: CEO/CHAIRMAN ADDRESS: 2750 KILLARNEY DRIVE #202 CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: HARRY F CUSTIS TITLE: DIRECTOR ADDRESS: 2750 KILLARNEY DRIVE #202 CITY/ST/ZIP/CO: WOODBRIDGE, VA 22192-0336	<input 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/ CYNTHIA S LEWIS	CYNTHIA S LEWIS, SECRETARY	7/11/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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.