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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|--------|-------|
| <b>SCC eFile</b>                                                                                                                                                                                                         | <b>2015 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 215538610                                                                                                                                                                                                                                                               |       |            |        |       |
| 1.) CORPORATION NAME:<br><b>FIRST CHOICE INSURANCE AGENCY, INC.</b>                                                                                                                                                      |                                                                                         | DUE DATE: <b>9/30/2015</b>                                                                                                                                                                                                                                              |       |            |        |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>JEFFREY G CASSEDY<br/>6425 EASTLEIGH CT<br/>SPRINGFIELD, VA</b>                                                                                                   |                                                                                         | SCC ID NO: <b>04907192</b>                                                                                                                                                                                                                                              |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>FAIRFAX COUNTY</b>                                                                                                                                                     |                                                                                         | 5.) STOCK INFORMATION<br><table border="1" style="border-collapse: collapse;"> <tr> <td style="padding: 2px;">CLASS</td> <td style="padding: 2px;">AUTHORIZED</td> </tr> <tr> <td style="padding: 2px;">COMMON</td> <td style="padding: 2px;">2,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 2,000 |
| CLASS                                                                                                                                                                                                                    | AUTHORIZED                                                                              |                                                                                                                                                                                                                                                                         |       |            |        |       |
| COMMON                                                                                                                                                                                                                   | 2,000                                                                                   |                                                                                                                                                                                                                                                                         |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>VA</b>                                                                                                                                                                      |                                                                                         |                                                                                                                                                                                                                                                                         |       |            |        |       |
| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 6090-B FRANCONIA RD<br><br>CITY/ST/ZIP: ALEXANDRIA, VA 22310                                                                                                               |                                                                                         |                                                                                                                                                                                                                                                                         |       |            |        |       |
| 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: JEFFREY G CASSEDY<br>TITLE: PRESIDENT<br>ADDRESS: PO BOX 3388<br>CITY/ST/ZIP/CO: ALEXANDRIA, VA 22302                                                                                                              |                                                                                         | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR                                                                                                                                                                                |       |            |        |       |
| 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/ JEFFREY G CASSEDY<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT                                                                                                                                             | JEFFREY G CASSEDY,<br>PRESIDENT<br>PRINTED NAME AND CORPORATE TITLE                     | 10/21/2015<br>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. |                                                                                         |                                                                                                                                                                                                                                                                         |       |            |        |       |