

1.) CORPORATION NAME: Lambert Insurance Agency Inc.	DUE DATE: 6/30/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: LESLIE SHANNON LAMBERT 11082 GOV G C PEERY HWY CEDAR BLUFF, VA	SCC ID NO: 05049812				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: TAZEWELL COUNTY	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>70</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	70
CLASS	AUTHORIZED				
COMMON	70				
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 11082 GOV G C PEERY HWY CITY/ST/ZIP: CEDAR BLUFF, VA 24609	
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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: L SHANNON LAMBERT TITLE: PRESIDENT ADDRESS: 17575 NORDYKE ROAD CITY/ST/ZIP/CO: BRISTOL, VA 24202	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: GAIL LAMBERT TITLE: VP/S ADDRESS: 17575 NORDYKE ROAD CITY/ST/ZIP/CO: BRISTOL, VA 24202	<input checked="" type="checkbox"/>	OFFICER	<input 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/ L SHANNON LAMBERT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	L SHANNON LAMBERT, PRESIDENT PRINTED NAME AND CORPORATE TITLE	7/21/2014 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.