

1.) CORPORATION NAME: COOLEY & DARLING INSURANCE AGENCY, INC.	DUE DATE: 6/30/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMES ANDREW COOLEY 14425 CHAMBERRY CIR HAYMARKET, VA	SCC ID NO: 06799449
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE WILLIAM COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14425 CHAMBERRY CIRCLE

CITY/ST/ZIP: HAYMARKET, VA 20169

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES ANDREW COOLEY		
TITLE: DIRECTOR		
ADDRESS: 14425 CHAMBERRY CIRCLE		
CITY/ST/ZIP/CO: HAYMARKET, VA 20169		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY R. DARLING		
TITLE: DIRECTOR		
ADDRESS: 42566 LEGACY PARK DRIVE		
CITY/ST/ZIP/CO: ASHBURN, VA 20148		

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/ JAMES ANDREW COOLEY	JAMES ANDREW COOLEY, DIRECTOR	6/28/2013
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.