

1.) CORPORATION NAME:

**SHANNON & LUCHS INSURANCE AGENCY, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
RESAGENT INC  
3190 FAIRVIEW PARK DR STE 300  
FALLS CHURCH, VA 22042-4510**

DUE DATE: **12/31/2011**

SCC ID NO: **F0200826**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**DC**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 PROFESSIONAL DRIVE SUITE 360

CITY/ST/ZIP: GAITHERSBURG, MD 20879-

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: DORIAN S. FERNANDEZ  
TITLE: PRESIDENT  
ADDRESS: 17 LONGMEADOW DRIVE  
CITY/ST/ZIP/CO: GAITHERSBURG, MD 20878-

OFFICER

DIRECTOR

NAME: JAMES HAMERSKI  
TITLE: VICE PRESIDENT  
ADDRESS: 1916 CARTER MILL WAY  
CITY/ST/ZIP/CO: BROOKEVILLE, MD 20833-

OFFICER

DIRECTOR

NAME: PHILIP C DELLINGER  
TITLE: VICE PRESIDENT  
ADDRESS: 9604 EAST BEXHILL DRIVE  
CITY/ST/ZIP/CO: KENSINGTON, MD 20895-

OFFICER

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/ JAMES HAMERSKI

SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

JAMES HAMERSKI, VICE  
PRESIDENT

PRINTED NAME AND CORPORATE  
TITLE

1/24/2012

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.