

1.) CORPORATION NAME:

**LIG INSURANCE AGENCY, INC.**

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

SCC ID NO: **F0359762**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**REGISTERED AGENT SOLUTIONS, INC.**

**7288 HANOVER GREEN DRIVE**

**MECHANICSVILLE, VA 23111**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HANOVER COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1905 NW CORPORATE BLVD

CITY/ST/ZIP: BOCA RATON, FL 33431-

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: MICHAEL NORTH  
TITLE: P/COO  
ADDRESS: 1905 NW CORPORATE BLVD  
CITY/ST/ZIP/CO: BOCA RATON, FL 33431-

OFFICER

DIRECTOR

NAME: W J BROICH  
TITLE: SR VP/CFO/T  
ADDRESS: 1905 NW CORPORATE BLVD  
CITY/ST/ZIP/CO: BOCA RATON, FL 33431-

OFFICER

DIRECTOR

NAME: MINDY APPEL  
TITLE: SECRETARY  
ADDRESS: 1905 NW CORPORATE BLVD  
CITY/ST/ZIP/CO: BOCA RATON, FL 33431-

OFFICER

DIRECTOR

NAME: JAN CARLSSON  
TITLE: CEO  
ADDRESS: 1905 NW CORPORATE BLVD  
CITY/ST/ZIP/CO: BOCA RATON, FL 33431-

OFFICER

DIRECTOR

NAME: CHRISTINE E LYNN  
TITLE: CHRMN OF BOARD  
ADDRESS: 1905 NW CORPORATE BLVD  
CITY/ST/ZIP/CO: BOCA RATON, FL 33431-

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/ W J BROICH	W J BROICH, SR VP/CFO/T	11/22/2011
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.