

1.) CORPORATION NAME:

ENTERPRISE GENERAL INSURANCE AGENCY, INC.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0450272**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 1,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 13045 Tesson Ferry Rd., B1-06

CITY/ST/ZIP: St. Louis, MO 63128

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: | MARLENE B DEBEL | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SRVP/TREAS | | |
| ADDRESS: | 1095 AVENUE OF THE AMERICAS | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10036-6796 | | |
| NAME: | TYLA REYNOLDS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 600 NORTH KING STREET | | |
| CITY/ST/ZIP/CO: | WILMINGTON, DE 19801 | | |
| NAME: | COREY W OVERBY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 501 ROUTE 22 | | |
| CITY/ST/ZIP/CO: | BRIDGEWATER, NJ 08807 | | |
| NAME: | DEAN F WITTE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 18205 CRANE NEST DR | | |
| CITY/ST/ZIP/CO: | TAMPA, FL 33647 | | |
| NAME: | DENNIS J DAMASCHKE | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VICE PRESIDENT | | |
| ADDRESS: | 300 DAVIDSON AVE | | |
| CITY/ST/ZIP/CO: | SOMERSET, NJ 08873 | | |
| NAME: | JAMES W KOEGER | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST TREASURER | | |
| ADDRESS: | 13045 TESSON FERRY RD., B1-06 | | |
| CITY/ST/ZIP/CO: | ST. LOUIS, MO 63128 | | |

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 WKOEGER | JAMES WKOEGER, | 5/2/2014 |
| 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.