

1.) CORPORATION NAME:

AGENCY INSURANCE COMPANY OF MARYLAND, INC.

DUE DATE: **9/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1309527**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7450 COCA COLA DR

CITY/ST/ZIP: HANOVER, MD 21076

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.

<p>NAME: EDWARD SCOTT TADLOCK TITLE: PRESIDENT ADDRESS: 7450 COCA COLA DRIVE CITY/ST/ZIP/CO: HANOVER, MD 21076</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LAURA L TOUHEY TITLE: VICE PRESIDENT ADDRESS: 7450 COCA COLA DRIVE CITY/ST/ZIP/CO: HANOVER, MD 21076</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RAYMOND BRAY TITLE: VICE PRESIDENT ADDRESS: 7450 COCA COLA DRIVE CITY/ST/ZIP/CO: HANOVER, MD 21076</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CHRISTINA BROWN TITLE: VICE PRESIDENT ADDRESS: 7450 COCA COLA DRIVE CITY/ST/ZIP/CO: HANOVER, MD 21076</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ANDREW CELESTINA TITLE: VICE PRESIDENT ADDRESS: 7450 COCA COLA DRIVE CITY/ST/ZIP/CO: HANOVER, MD 21076</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CLIFFORD O MYERS TITLE: VICE PRESIDENT ADDRESS: 7450 COCA COLA DRIVE CITY/ST/ZIP/CO: HANOVER, MD 21076</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAM OBEE-SARGENT VICE PRESIDENT 7450 COCA COLA DRIVE HANOVER, MD 21076	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELLE I GAVIN TREASURER 7450 COCA COLA DRIVE HANOVER, MD 21076	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRYSON F POPHAM SECRETARY 7450 COCA COLA DRIVE HANOVER, MD 21076	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN B STANSBURY CEO 7450 COCA COLA DRIVE HANOVER, MD 21076	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID LOWMAN DIRECTOR 7450 COCA COLA DRIVE HANOVER, MD 21076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN MCGINN DIRECTOR 7450 COCA COLA DRIVE HANOVER, MD 21076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK A SEMANIE DIRECTOR 7450 COCA COLA DRIVE HANOVER, MD 21076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HENRY H STANSBURY DIRECTOR 7450 COCA COLA DRIVE HANOVER, MD 21076	<input type="checkbox"/> OFFICER	<input checked="" 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/ MICHELLE I GAVIN	MICHELLE I GAVIN, TREASURER	9/18/2015
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.