

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214502529
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1.) CORPORATION NAME: <b>HMS Insurance Agency, Inc.</b>	DUE DATE: <b>1/31/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1366626</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>FL</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1625 NW 136TH AVE, STE 210

CITY/ST/ZIP: FT LAUDERDALE, FL 33323

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: DOUGLAS K STEIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: PRESIDENT		
ADDRESS: 1625 NW 136 AVE #210		
CITY/ST/ZIP/CO: FT LAUDERDALE, FL 33323		

NAME: HOWARD L WOLK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: VICE PRESIDENT		
ADDRESS: 1625 NW 136TH AVE, #210		
CITY/ST/ZIP/CO: FT LAUDERDALE, FL 33323		

NAME: TAMI M THRAUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE: S/T		
ADDRESS: 1625 NW 136TH AVENUE SUITE 210		
CITY/ST/ZIP/CO: FT LAUDERDALE, FL 33323		

NAME: SIDNEY D WOLK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 1625 NW 136TH AVENUE SUITE 210		
CITY/ST/ZIP/CO: FT LAUDERDALE, FL 33323		

NAME: JEFFREY C WOLK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 1625 NW 136TH AVENUE SUITE 210		
CITY/ST/ZIP/CO: FT LAUDERDALE, FL 33323		

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/ TAMI M THRAUM	TAMI M THRAUM, S/T	1/6/2014
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.