

1.) CORPORATION NAME: <b>The Atlas Insurance Agency, Inc.</b>	DUE DATE: <b>3/31/2013</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>REGISTERED AGENT SOLUTIONS, INC.          7288 HANOVER GREEN DRIVE          MECHANICSVILLE, VA 23111</b>	SCC ID NO: <b>F1373986</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>	5.) STOCK INFORMATION <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>250</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	250
CLASS	AUTHORIZED				
COMMON	250				
4.) STATE OR COUNTRY OF INCORPORATION: <b>OH</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7000 MIDLAND BOULEVARD

CITY/ST/ZIP: AMELIA, OH 45102

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: MANUEL Z RIOS TITLE: P/CEO ADDRESS: 7000 MIDLAND BLVD CITY/ST/ZIP/CO: AMELIA, OH 45102	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: CRAIG R SMIDDY TITLE: VICE PRESIDENT ADDRESS: 7000 MIDLAND BLVD CITY/ST/ZIP/CO: AMELIA, OH 45102	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: JAMES P TIERNEY TITLE: S/T ADDRESS: 7000 MIDLAND BLVD CITY/ST/ZIP/CO: AMELIA, OH 45102	<input checked="" 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/ MANUEL Z RIOS	MANUEL Z RIOS, P/CEO	2/26/2013
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.