

<b>SCC eFile</b>	<b>2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	216511522
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1.) CORPORATION NAME: <b>THEODORE LIFTMAN INSURANCE, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>REGISTERED AGENT SOLUTIONS, INC.          7288 HANOVER GREEN DRIVE          MECHANICSVILLE, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>MA</b>	DUE DATE: <b>4/30/2016</b> SCC ID NO: <b>F1376336</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>12,500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	12,500
CLASS	AUTHORIZED				
COMMON	12,500				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 101 FEDERAL ST CITY/ST/ZIP: BOSTON, MA 02110	
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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.
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NAME: MARK LIFTMAN TITLE: PRESIDENT ADDRESS: 101 FEDERAL ST CITY/ST/ZIP/CO: BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: THEODORE LIFTMAN TITLE: CHM ADDRESS: 101 FEDERAL ST CITY/ST/ZIP/CO: BOSTON, MA 02110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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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/ _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	_____ PRINTED NAME AND CORPORATE TITLE	3/29/2016 DATE
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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.