

1.) CORPORATION NAME:

Gencon Insurance Service, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

DUE DATE: **1/31/2011**

SCC ID NO: **F1407693**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|-------|------------|
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12501 OLD COLUMBIA PIKE

CITY/ST/ZIP: SILVER SPRING, MD 20904-6600

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: ROBERT EARL KYTE
TITLE: PRESIDENT
ADDRESS: 12501 OLD COLUMBIA PIKE
CITY/ST/ZIP/CO: SILVER SPRING, MD 20904-6600

OFFICER

DIRECTOR

NAME: ARTHUR F BLINCI
TITLE: VICE PRESIDENT
ADDRESS: 11291 PIERCE STREET
CITY/ST/ZIP/CO: RIVERSIDE, CA 92505-2705

OFFICER

DIRECTOR

NAME: SHARON M MABENA
TITLE: VP/SEC
ADDRESS: 12501 OLD COLUMBIA PIKE
CITY/ST/ZIP/CO: SILVER SPRING, MD 20904-

OFFICER

DIRECTOR

NAME: BYRON L SOHEUNEMAN
TITLE: VICE PRESIDENT
ADDRESS: 12501 OLD COLUMBIA PIKE
CITY/ST/ZIP/CO: SILVER SPRING, MD 20904-6600

OFFICER

DIRECTOR

NAME: SHARON MABENA
TITLE: VP/T
ADDRESS: 12501 OLD COLUMBIA PIKE
CITY/ST/ZIP/CO: SILVER SPRING, MD 20904-6600

OFFICER

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.

| | | |
|---|----------------------------------|------------------|
| <u>/s/ SHARON M MABENA</u> | <u>SHARON M MABENA, VP/SEC</u> | <u>12/2/2010</u> |
| 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.