

1.) CORPORATION NAME: <b>T.H.E. Insurance Company</b>	DUE DATE: <b>4/30/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</b>	SCC ID NO: <b>F1421611</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>	5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>LA</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>1,500,350</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,500,350
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COMMON	1,500,350				
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 10451 GULF BLVD CITY/ST/ZIP: TREASURE ISLAND, FL 33706					

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: STEVEN DEL VECCHIO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: PRESIDENT			
ADDRESS: 10451 GULF BOULEVARD			
CITY/ST/ZIP/CO: TREASURE ISLAND, FL 33706-4814			

NAME: BETH MONTS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: TREASURER			
ADDRESS: 10451 GULF BOULEVARD			
CITY/ST/ZIP/CO: TREASURE ISLAND, FL 33706			

NAME: JOHN L SUTACK JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: SECRETARY			
ADDRESS: 10451 GULF BLVD			
CITY/ST/ZIP/CO: TREASURE ISLAND, FL 33706			

NAME: SHARON L KEEFE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 10451 GULF BLVD			
CITY/ST/ZIP/CO: TREASURE ISLAND, FL 33706			

NAME: ROBERT C. LAMB, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
TITLE: DIRECTOR			
ADDRESS: 10451 GULF BOULEVARD			
CITY/ST/ZIP/CO: TREASURE ISLAND, FL 33706			

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/ SHARON L KEEFE	SHARON L KEEFE, DIRECTOR	3/25/2015
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.