

1.) CORPORATION NAME: <b>KIELY, HINES &amp; ASSOCIATES INSURANCE AGENCY, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>REGISTERED AGENT SOLUTIONS INC          7288 HANOVER GREEN DR          MECHANICSVILLE, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>KY</b>	DUE DATE: <b>5/31/2016</b> SCC ID NO: <b>F1422296</b> 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMAV</td> <td style="text-align: center;">2,000</td> </tr> <tr> <td>COMBNV</td> <td style="text-align: center;">20,000</td> </tr> </tbody> </table>	CLASS	AUTHORIZED	COMAV	2,000	COMBNV	20,000
CLASS	AUTHORIZED						
COMAV	2,000						
COMBNV	20,000						

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 6100 DUTCHMANS LN 10TH FL PO BOX 7669  CITY/ST/ZIP: LOUSVILLE, KY 40257-0669
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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: ELLEN K TRABUE TITLE: PRES/CEO ADDRESS: 6100 DUTCHMANS LN 10TH FL PO BOX 7669 CITY/ST/ZIP/CO: LOUISVILLE, KY 40257-0669	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: JAMES A BOHN TITLE: EVP ADDRESS: 6100 DUTCHMANS LN 10TH FL PO BOX 7669 CITY/ST/ZIP/CO: LOUISVILLE, KY 40257-0669	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: JAMES E BROWN TITLE: EVP ADDRESS: 6100 DUTCHMANS LN 10TH FL P O BOX 7669 CITY/ST/ZIP/CO: LOUISVILLE, KY 40257-0669	<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/ ELLEN K TRABUE	ELLEN K TRABUE, PRES/CEO	5/18/2016
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.