

1.) CORPORATION NAME: Joseph W. McCartin Insurance, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BYNUM & JENKINS PLLC 1010 CAMERON STREET ALEXANDRIA, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY 4.) STATE OR COUNTRY OF INCORPORATION: MD	DUE DATE: 6/30/2015 SCC ID NO: F1427725 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>COMM</td> <td>500</td> </tr> </table>	CLASS	AUTHORIZED	COMM	500
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 5000 SUNNYSIDE AVE SUITE 200 CITY/ST/ZIP: BELTSVILLE, MD 20705

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: MICHAEL J MCCARTIN TITLE: PRESIDENT ADDRESS: 5000 SUNNYSIDE AVE SUITE 200 CITY/ST/ZIP/CO: BELTSVILLE, MD 20705	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: ANN MCCARTIN TITLE: TREASURER ADDRESS: 5000 SUNNYSIDE AVE STE 200 CITY/ST/ZIP/CO: BELTSVILLE, MD 20705	<input type="checkbox"/> OFFICER <input 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/ MICHAEL J MCCARTIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL J MCCARTIN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/11/2015 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.