

1.) CORPORATION NAME:

DUE DATE: **6/30/2014**

Excellus Insurance Agency Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1430356**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 165 COURT ST

CITY/ST/ZIP: ROCHESTER, NY 14647

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.

<p>NAME: WILLIAM L NAYLON TITLE: PRESIDENT ADDRESS: 165 COURT ST CITY/ST/ZIP/CO: ROCHESTER, NY 14647</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEPHEN R SLOAN TITLE: SECRETARY ADDRESS: 165 COURT ST CITY/ST/ZIP/CO: ROCHESTER, NY 14647</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CHRISTOPHER C BOOTH TITLE: CEO ADDRESS: 165 COURT STREET CITY/ST/ZIP/CO: ROCHESTER, NY 14647</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DOROTHY A COLEMAN TITLE: CFO ADDRESS: 165 COURT ST CITY/ST/ZIP/CO: ROCHESTER, NY 14647</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM L NAYLON TITLE: CONTROLLER ADDRESS: 165 COURT ST CITY/ST/ZIP/CO: ROCHESTER, NY 14647</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CHRISTOPHER C BOOTH TITLE: DIRECTOR ADDRESS: 165 COURT STREET CITY/ST/ZIP/CO: ROCHESTER, NY 14647</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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.

/s/ WILLIAM L NAYLON	WILLIAM L NAYLON, PRESIDENT	5/5/2014
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.		