

1.) CORPORATION NAME: <b>Jones and Maulding Insurance Agency, Inc. (USEDIN VA BY: Jones and Maulding Insurance Agency)</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</b>  3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>  4.) STATE OR COUNTRY OF INCORPORATION: <b>CA</b>	DUE DATE: <b>9/30/2013</b>  SCC ID NO: <b>F1441916</b>  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>COMMON</td> <td>2,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,000
CLASS	AUTHORIZED				
COMMON	2,000				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 505 South A Street, Suite 200  CITY/ST/ZIP: OXNARD, CA 93030
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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.

NAME: DAVID T JONES TITLE: PRESIDENT ADDRESS: 505 South A Street, Suite 200 CITY/ST/ZIP/CO: OXNARD, CA 93030	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: DAVID T MAULDING TITLE: VICE PRESIDENT ADDRESS: 505 South A Street, Suite 200 CITY/ST/ZIP/CO: OXNARD, CA 93030	<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/ DAVID T JONES	DAVID T JONES, PRESIDENT	8/5/2013
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.