

1.) CORPORATION NAME: Jones and Maulding Insurance Agency, Inc. (USEDIN VA BY: Jones and Maulding Insurance Agency) 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: CA	DUE DATE: 9/30/2014 SCC ID NO: F1441916 5.) STOCK INFORMATION <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>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 100 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 checked="" 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	8/20/2014
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.