

1.) CORPORATION NAME:

Digital Insurance, Inc.

DUE DATE: **11/30/2010**

SCC ID NO: **F1449679**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000,000
PREFER	29,644,891

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 GALLERIA PKWY
SUITE 300

CITY/ST/ZIP: ATLANTA, GA 30339-

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:	ADAM BRUCKMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	400 GALLERIA PKWY SUITE 300		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339-		
NAME:	CHUCK RISTAU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3435 WOODSHIRE XING		
CITY/ST/ZIP/CO:	MARIETTA, GA 30066-		
NAME:	RENE LERER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	20 ST ANDREWS DRIVE		
CITY/ST/ZIP/CO:	AVON, CT 06002-		
NAME:	THOMAS O USILTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/CHRMN		
ADDRESS:	9 ASCOT MANOR		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339-		
NAME:	STEVEN SHULMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	39 HAZEN DRIVE		
CITY/ST/ZIP/CO:	AVON, CT 06001-		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HEATHER WOTHERSPOON	
TITLE:	DIRECTOR	
ADDRESS:	400 GALLERIA PARKWAY	
	STE 300	
CITY/ST/ZIP/CO:	ATLANTA, GA 30339-	

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/ HEATHER WOTHERSPOON	HEATHER WOTHERSPOON,	4/4/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR 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.