

1.) CORPORATION NAME:

Digital Insurance, Inc.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1449679**

5.) STOCK INFORMATION

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

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 GALLERIA PARKWAY
STE 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 checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT/CEO		
ADDRESS:	400 GALLERIA PARKWAY		
CITY/ST/ZIP/CO:	STE 300 ATLANTA, GA 30339		
NAME:	MIKE SULLIVAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	400 GALLERIA PARKWAY		
CITY/ST/ZIP/CO:	STE 300 ATLANTA, GA 30339		
NAME:	CHUCK RISTAU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	400 GALLERIA PARKWAY		
CITY/ST/ZIP/CO:	STE 300 ATLANTA, GA 30339		
NAME:	GEORGE P. SCANLON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	601 RIVERSIDE AVE.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32204		
NAME:	DANIEL K. MURPHY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	601 RIVERSIDE AVE.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32204		
NAME:	MICHAEL L. GRAVELLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	601 RIVERSIDE AVE.		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32204		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MADELINE G.M. LOVEJOY ASST SECRETARY 2510 N. REDHILL AVE. SANTA ANA, CA 92705	<input checked="" type="checkbox"/> OFFICER	<input 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/ MADELINE G.M.LOVEJOY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MADELINE G.M.LOVEJOY, PRINTED NAME AND CORPORATE TITLE	11/7/2013 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.			