

1.) CORPORATION NAME: Miller, Loughry & Beach Insurance Services, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: TN	DUE DATE: 12/31/2012 SCC ID NO: F1455270 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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 214 WEST COLLEGE STREET CITY/ST/ZIP: MURFREESBORO, TN 37130
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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: WILLIAM K HALLIBURTON JR TITLE: P/S/T ADDRESS: 214 W COLLEGE ST CITY/ST/ZIP/CO: MURFREESBORO, TN 37130	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: EDWARD E MILLER III TITLE: CEO ADDRESS: 214 WEST COLLEGE STREET CITY/ST/ZIP/CO: MURFREESBORO, TN 37130	<input checked="" type="checkbox"/> OFFICER	<input 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/ WILLIAM K HALLIBURTON JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM K HALLIBURTON JR, P/S/T PRINTED NAME AND CORPORATE TITLE	10/30/2012 DATE
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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.