

| | | | | | |
|---|---|-------|------------|------|---------|
| 1.) CORPORATION NAME: Greenwood International Insurance Services, Inc. | DUE DATE: 4/30/2016 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL CORPORATE RESEARCH, LTD. 250 BROWNS HILL COURT MIDLOTHIAN, VA | SCC ID NO: F1468968 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY | 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>COMM</td> <td>200,000</td> </tr> </table> | CLASS | AUTHORIZED | COMM | 200,000 |
| CLASS | AUTHORIZED | | | | |
| COMM | 200,000 | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: MA | | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 333 SOUTH STREET
SUITE 400

CITY/ST/ZIP: SHREWSBURY, MA 01545

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: JOHN P FOLEY TITLE: PRESIDENT ADDRESS: 601 POYDRAS STREET CITY/ST/ZIP/CO: NEW ORLEANS, LA 40130 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
|--|---|--|--|

| | | | |
|--|---|--|--|
| NAME: ALICIA NODIER TITLE: TREASURER ADDRESS: 601 POYDRAS STREET STE 2800 CITY/ST/ZIP/CO: NEW ORLEANS, LA 70130 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
|--|---|--|--|

| | | | |
|--|---|--|--|
| NAME: DANIEL E LAGRONE TITLE: SECRETARY ADDRESS: 601 POYDRAS STREET CITY/ST/ZIP/CO: NEW ORLEANS, LA 40130 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
|--|---|--|--|

| | | | |
|--|---|-----------------------------------|--|
| NAME: JOSEPH W SULLIVAN TITLE: CEO ADDRESS: 333 SOUTH ST. SUITE 400 CITY/ST/ZIP/CO: SHREWSBURY, MA 01545 | <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/ DANIEL E LAGRONE | DANIEL E LAGRONE, SECRETARY | 2/29/2016 |
| 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.