

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

Petsmarketing Insurance.Com Agency, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1468984**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	850

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3840 GREENTREE AVE SW

CITY/ST/ZIP: CANTON, OH 44706

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.

<p>NAME: DENNIS C RUSHOVICH TITLE: VICE PRESIDENT ADDRESS: 3840 GREENTREE AVE SW CITY/ST/ZIP/CO: CANTON, OH 44706</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: CHRISTOPHER R SACHS TITLE: PRESIDENT ADDRESS: 3840 GREENTREE AVENUE SW CITY/ST/ZIP/CO: CANTON, OH 44706</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: LYNN M THOMPSON TITLE: VICE PRESIDENT ADDRESS: 3840 GREENTREE AVENUE SW CITY/ST/ZIP/CO: CANTON, OH 44706</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: PATRICIA M ADAMS TITLE: ASST SECRETARY ADDRESS: 3840 GREENTREE AVENUE SW CITY/ST/ZIP/CO: CANTON, OH 44706</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: Douglas M Libby TITLE: PRESIDENT ADDRESS: 305 Madison Avenue CITY/ST/ZIP/CO: Morristown, NJ 07962</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Marc J Adee TITLE: PRESIDENT ADDRESS: 10350 Richmond Avenue Suite 250/300 CITY/ST/ZIP/CO: Houston, TX 77042</p>	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mary Jane Robertson VICE PRESIDENT 305 Madison Avenue Morristown, NJ 07962	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gary J McGeddy VICE PRESIDENT 5 Christopher Way 3rd Floor Eatontown, NJ 07724	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Howard DeBare VICE PRESIDENT 305 Madison Avenue Morristown, NJ 07962	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James V Krause SECRETARY 305 Madison Avenue Morristown, NJ 07962	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dorothy D Whitaker VICE PRESIDENT 2850 Lake Vista Drive Suite 150 Lewisville, TX 75067	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Sonya Schneider VICE PRESIDENT 2850 Lake Vista Drive Suite 150 Lewisville, TX 75067	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Melody Spencer VICE PRESIDENT 2850 Lake Vista Drive Suite 150 Lewisville, TN 75067	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lauren Woods VICE PRESIDENT 5 Christopher Way 3rd Floor Eatontown, NJ 07724	<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/ PATRICIA M ADAMS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA M ADAMS, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	3/14/2014 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.