

1.) CORPORATION NAME:

USA Financial Insurance Services Corporation

DUE DATE: **11/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1492083**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6020 E FULTON

CITY/ST/ZIP: ADA, MI 49301

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: BRENT D ENDERS TITLE: PRESIDENT ADDRESS: 6020 E FULTON STREET CITY/ST/ZIP/CO: ADA, MI 49301</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ANDREA MCGREW TITLE: SEC/CLO/CCO ADDRESS: 6020 E FULTON ST CITY/ST/ZIP/CO: ADA, MI 49301</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM BACHERT TITLE: TRE/CFO ADDRESS: 6020 E FULTON ST CITY/ST/ZIP/CO: ADA, MI 49301</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL D WALTERS TITLE: CEO ADDRESS: 6020 E FULTON CITY/ST/ZIP/CO: ADA, MI 49301</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GREGORY LOCKWOOD TITLE: DIRECTOR ADDRESS: 6020 E FULTON ST CITY/ST/ZIP/CO: ADA, MI 49301</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JUSTIN LONG TITLE: DIRECTOR ADDRESS: 6020 E FULTON ST CITY/ST/ZIP/CO: ADA, MI 49301</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MATTHEW MCGREW TITLE: DIRECTOR ADDRESS: 6020 E FULTON ST CITY/ST/ZIP/CO: ADA, MI 49301	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MARK MERSMAN TITLE: DIRECTOR ADDRESS: 6020 E FULTON ST CITY/ST/ZIP/CO: ADA, MI 49301	<input type="checkbox"/> OFFICER	<input checked="" 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/ BRENT D ENDERS	BRENT D ENDERS, PRESIDENT	9/29/2015
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.