

1.) CORPORATION NAME:

HOFFMAN INSURANCE AGENCY, INC.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**REGISTERED AGENT SOLUTIONS, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA 23111**

SCC ID NO: **F1497165**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2 BEREA COMMONS SUITE 10

CITY/ST/ZIP: BEREA, OH 44017

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: BRIAN M RUSSELL TITLE: PRESIDENT/TREA ADDRESS: 2 BEREA COMMONS #10 CITY/ST/ZIP/CO: BEREA, OH 44017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BRIAN R HOAGLAND TITLE: VICE PRESIDENT ADDRESS: 2 BEREA COMMONS #10 CITY/ST/ZIP/CO: BEREA, OH 44017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DENNIS B NEATE TITLE: VICE PRESIDENT ADDRESS: 2 BEREA COMMONS #10 CITY/ST/ZIP/CO: BEREA, OH 44017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JEFFREY J PHILLIPS TITLE: VICE PRESIDENT ADDRESS: 2 BEREA COMMONS, #10 CITY/ST/ZIP/CO: BEREA, OH 44017	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARGARET A DELLINGER TITLE: SECRETARY ADDRESS: 2 BEREA COMMONS #10 CITY/ST/ZIP/CO: BEREA, OH 44017	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CHRISTINE M. QUINN TITLE: DIRECTOR ADDRESS: 2 BEREA COMMONS, SUITE 10 CITY/ST/ZIP/CO: BEREA, OH 44017	<input type="checkbox"/> OFFICER	<input checked="" 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.

<u>/s/ MARGARET A DELLINGER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MARGARET A DELLINGER, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>12/10/2012</u> 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.