

1.) CORPORATION NAME:

HOFFMAN INSURANCE AGENCY, INC.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

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

NAME:	Jason Stevenson	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2 Berea Commons. Suite 10		
CITY/ST/ZIP/CO:	Berea, OH 44017		

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>	<u>MARGARET A DELLINGER,</u>	<u>11/7/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.