

1.) CORPORATION NAME:

Sandy Spring Insurance Corporation

DUE DATE: **2/28/2011**

SCC ID NO: **F1500919**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7401 RITCHIE HIGHWAY

CITY/ST/ZIP: GLEN BURNIE, MD 21060-

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: ROBERT OMDORFF
TITLE: DIRECTOR
ADDRESS: 7401 RITCHIE HWY
CITY/ST/ZIP/CO: GLEN BURNIE, MD 21060-

OFFICER DIRECTOR

NAME: R STEPHEN GEOFFRAY
TITLE: PRESIDENT
ADDRESS: 7401 RITCHIE HIGHWAY
CITY/ST/ZIP/CO: GLEN BURNIE, MD 21060-

OFFICER DIRECTOR

NAME: RONALD E KUYKENDALL
TITLE: SECRETARY
ADDRESS: 7401 RITCHIE HWY
CITY/ST/ZIP/CO: GLEN BURNIE, MD 21060-

OFFICER DIRECTOR

NAME: LAURIE KRAMER
TITLE: VICE PRESIDENT
ADDRESS: 7401 RITCHIE HWY
CITY/ST/ZIP/CO: GLEN BURNIE, MD 21060-

OFFICER DIRECTOR

NAME: DENNIS P NEVILLE
TITLE: TREASURER
ADDRESS: 7401 RITCHIE HWY
CITY/ST/ZIP/CO: GLEN BURNIE, MD 21060-

OFFICER DIRECTOR

NAME: DANIEL SCHRIDER TITLE: DIRECTOR ADDRESS: 7401 RITCHIE HWY CITY/ST/ZIP/CO: GLEN BURNIE, MD 21060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID RIPPEON TITLE: DIRECTOR ADDRESS: 7401 RITCHIE HWY CITY/ST/ZIP/CO: GLEN BURNIE, MD 21060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SOLOMON GRAHM TITLE: DIRECTOR ADDRESS: 7401 RITCHIE HWY CITY/ST/ZIP/CO: GLEN BURNIE, MD 21060-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LOUIS CACERES TITLE: DIRECTOR ADDRESS: 7401 RITCHIE HWY CITY/ST/ZIP/CO: GLEN BURNIE, MD 21060-	<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.	
/s/ R STEPHEN GEOFFRAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	R STEPHEN GEOFFRAY, PRESIDENT PRINTED NAME AND CORPORATE TITLE
11/4/2011 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.	