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|--|--|-------|------------|--------|--------|
| 1.) CORPORATION NAME:<br><b>AVERY W. HALL INSURANCE AGENCY, INC.</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CORPORATION SERVICE COMPANY<br/>         BANK OF AMERICA CENTER, 16TH FLOOR<br/>         1111 EAST MAIN STREET</b><br><br><b>RICHMOND, VA</b><br><br>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>RICHMOND CITY</b><br><br>4.) STATE OR COUNTRY OF INCORPORATION:<br><b>MD</b> | DUE DATE: <b>3/31/2014</b><br><br>SCC ID NO: <b>F1502337</b><br><br>5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 10,000 |
| CLASS  | AUTHORIZED   |       |            |        |        |
| COMMON   | 10,000   |       |            |        |        |

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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 308 EAST MAIN STREET<br><br>CITY/ST/ZIP: SALISBURY, MD 21801 |  |
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| 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. |
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| NAME: JULIA A ESHAM<br>TITLE: COMM MGR/VP<br>ADDRESS: 308 E MAIN ST<br>CITY/ST/ZIP/CO: SALISBURY, MD 21802 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |  |
|--|---|-----------------------------------|--|

|   |   |  |  |
|---|---|--|--|
| NAME: JOSEPH L GAST<br>TITLE: PRESIDENT<br>ADDRESS: 308 EAST MAIN ST<br>CITY/ST/ZIP/CO: SALISBURY, MD 21802 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
|---|---|--|--|

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| NAME: KEVIN J HAYES<br>TITLE: VICE PRESIDENT<br>ADDRESS: 308 EAST MAIN ST<br>CITY/ST/ZIP/CO: SALISBURY, MD 21802 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |  |
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|---|---|-----------------------------------|--|
| NAME: JILL LONG<br>TITLE: VICE PRESIDENT<br>ADDRESS: 308 E MAIN ST<br>CITY/ST/ZIP/CO: SALISBURG, MD 21802 | <input checked="" type="checkbox"/> OFFICER | <input 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/ JILL LONG                                       | JILL LONG, VICE PRESIDENT        | 2/24/2014 |
| 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.