

1.) CORPORATION NAME:

**THE BORDEN-PERLMAN INSURANCE AGENCY, INC.**

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**

DUE DATE: **5/31/2011**

SCC ID NO: **F1509407**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**NJ**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2000 LENOX DR  
STE 202

CITY/ST/ZIP: LAWRENCEVILLE, NJ 08648-

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DOUGLAS C BORDEN	
TITLE:	PRESIDENT	
ADDRESS:	2000 LENOX DR STE 202	
CITY/ST/ZIP/CO:	LAWRENCEVILLE, NJ 08648-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JEFFREY F PERLMAN	
TITLE:	VP/S	
ADDRESS:	2000 LENOX DR STE 202	
CITY/ST/ZIP/CO:	LAWRENCEVILLE, NJ 08648-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SANDRA A DEBOSKEY	
TITLE:	VICE PRESIDENT	
ADDRESS:	2000 LENOX DR STE 202	
CITY/ST/ZIP/CO:	LAWRENCEVILLE, NJ 08648-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KELLY L MYERS	
TITLE:	VICE PRESIDENT	
ADDRESS:	2000 LENOX DR STE 202	
CITY/ST/ZIP/CO:	LAWRENCEVILLE, NJ 08648-	

NAME: RICHARD P PERLMAN TITLE: VICE PRESIDENT ADDRESS: 2000 LENOX DR STE 202 CITY/ST/ZIP/CO: LAWRENCEVILLE, NJ 08648-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JULIENNE A DISANTO TITLE: TREASURER ADDRESS: 2000 LENOX DRIVE, SUITE 202 CITY/ST/ZIP/CO: LAWRENCEVILLE, NJ 08648-	<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.

<u>/s/ JULIENNE A DISANTO</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JULIENNE A DISANTO,</u> TREASURER PRINTED NAME AND CORPORATE TITLE	<u>4/21/2011</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.