

1.) CORPORATION NAME:

**CUMBERLAND SURETY, INC.**

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1510660**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000
PREFA	60

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**KY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 340 SOUTH BROADWAY  
SUITE 100

CITY/ST/ZIP: LEXINGTON, KY 40508

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:	WILLIAM L ADAMS		
TITLE:	PRESIDENT		
ADDRESS:	340 SOUTH BROADWAY SUITE 100 LEXINGTON, KY 40508		
CITY/ST/ZIP/CO:			

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DON P CHARLET		
TITLE:	VICE PRESIDENT		
ADDRESS:	367 WEST SHORT STREET LEXINGTON, KY 40507		
CITY/ST/ZIP/CO:			

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CARL H ROGERS		
TITLE:	TREASURER		
ADDRESS:	367 WEST SHORT STREET LEXINGTON, KY 40507		
CITY/ST/ZIP/CO:			

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DEBORAH A MURPHY		
TITLE:	SECRETARY		
ADDRESS:	340 SOUTH BROADWAY SUITE 100 LEXINGTON, KY 40508		
CITY/ST/ZIP/CO:			

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAN AMOS		
TITLE:	DIRECTOR		
ADDRESS:	340 SOUTH BROADWAY SUITE 200 LEXINGTON, KY 40508		
CITY/ST/ZIP/CO:			

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	J STEVEN GARDNER		
TITLE:	DIRECTOR		
ADDRESS:	340 SOUTH BROADWAY SUITE 200 LEXINGTON, KY 40508		
CITY/ST/ZIP/CO:			

NAME: JOE ZALUSKI  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
ADDRESS: 340 SOUTH BROADWAY  
SUITE 200  
CITY/ST/ZIP/CO: LEXINGTON, KY 40508

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/ DON P CHARLET</u>	<u>DON P CHARLET, VICE</u>	<u>4/25/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.