

|  |  |       |            |        |    |
|--|--|-------|------------|--------|----|
| 1.) CORPORATION NAME:<br><b>WEXLER INSURANCE AGENCY, INC.</b>  | DUE DATE: <b>12/31/2015</b>  |       |            |        |    |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>NATIONAL CORPORATE RESEARCH LTD<br/>250 BROWNS HILL CT<br/>MIDLOTHIAN, VA</b> | SCC ID NO: <b>F1532144</b>   |       |            |        |    |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>CHESTERFIELD COUNTY</b>  | 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>50</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 50 |
| CLASS  | AUTHORIZED   |       |            |        |    |
| COMMON   | 50   |       |            |        |    |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>FL</b>  |  |       |            |        |    |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1120 PONCE DE LEON BLVD

CITY/ST/ZIP: CORAL GABLES, FL 33134

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: STEVEN M WEXLER                  |   |  |
| TITLE: PRESIDENT                       |   |  |
| ADDRESS: 1120 PONCE DE LEON BLVD       |   |  |
| CITY/ST/ZIP/CO: CORAL GABLES, FL 33134 |   |  |

|  |   |  |
|--|---|--|
|  | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: GARY J WASSERMAN                 |   |  |
| TITLE: VICE PRESIDENT                  |   |  |
| ADDRESS: 1120 PONCE DE LEON BLVD       |   |  |
| CITY/ST/ZIP/CO: CORAL GABLES, FL 33134 |   |  |

|  |   |  |
|--|---|--|
|  | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MICHAEL J WEXLER                 |   |  |
| TITLE: DIRECTOR                        |   |  |
| ADDRESS: 1120 PONCE DE LEON BLVD       |   |  |
| CITY/ST/ZIP/CO: CORAL GABLES, FL 33134 |   |  |

|  |   |                                   |
|--|---|-----------------------------------|
|  | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: DOUGLAS P ZINGLER                |   |                                   |
| TITLE: COO/IN HOUSE CO                 |   |                                   |
| ADDRESS: 1120 PONCE DE LEON BLVD       |   |                                   |
| CITY/ST/ZIP/CO: CORAL GABLES, FL 33134 |   |                                   |

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/ STEVEN M WEXLER                                 | STEVEN M WEXLER, PRESIDENT       | 2/18/2016 |
| 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.