

1.) CORPORATION NAME:

CRC Insurance Services, Inc.

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1537242**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE METROPLEX DRIVE
SUITE 400

CITY/ST/ZIP: BIRMINGHAM, AL 35209-6893

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:	RON HELVESTON	
TITLE:	PRESIDENT	
ADDRESS:	ONE METROPLEX DRIVE SUITE 400 BIRMINGHAM, AL 35209-6893	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLES W. WOOD	
TITLE:	SEC./TREAS.	
ADDRESS:	ONE METROPLEX DRIVE SUITE 400 BIRMINGHAM, AL 35209-6893	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ORVILLE JONES	
TITLE:	DIRECTOR	
ADDRESS:	ONE METROPLEX DRIVE SUITE 400 BIRMINGHAM, AL 35209-6893	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RANDOLPH B. SCREEN	
TITLE:	DIRECTOR	
ADDRESS:	ONE METROPLEX DRIVE SUITE 400 BIRMINGHAM, AL 35209-6893	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Lisa Moberly	
TITLE:	Other officer	
ADDRESS:	One Metroplex Drive Suite 400 Birmingham, AL 35209-6893	
CITY/ST/ZIP/CO:		

NAME: Thomas J. Curtin TITLE: DIRECTOR ADDRESS: One Metroplex Drive Suite 400 CITY/ST/ZIP/CO: Birmingham, AL 35209-6893	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: David Pruett TITLE: DIRECTOR ADDRESS: One Metroplex Drive Suite 400 CITY/ST/ZIP/CO: Birmingham, AL 35209-6893	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: H. Wade Reece TITLE: DIRECTOR ADDRESS: One Metroplex Drive Suite 400 CITY/ST/ZIP/CO: Birmingham, AL 35209-6893	<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/ Lisa Moberly SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Lisa Moberly , PRINTED NAME AND CORPORATE TITLE	12/26/2012 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.		