

|                  |   |           |
|------------------|---|-----------|
| <b>SCC eFile</b> | <b>2016 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 216516252 |
|------------------|---|-----------|

|  |   |       |            |        |         |
|--|---|-------|------------|--------|---------|
| 1.) CORPORATION NAME:<br><b>HMS Insurance Associates, Inc.</b>   | DUE DATE: <b>5/31/2016</b>  |       |            |        |         |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>4701 COX ROAD, SUITE 285<br/>GLEN ALLEN, VA</b> | SCC ID NO: <b>F1549429</b>  |       |            |        |         |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO 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>100,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 100,000 |
| CLASS  | AUTHORIZED  |       |            |        |         |
| COMMON   | 100,000   |       |            |        |         |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>MD</b>  |   |       |            |        |         |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 20 WIGHT AVENUE  
STE 300

CITY/ST/ZIP: HUNT VALLEY, MD 21030

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.

|  |   |  |  |
|--|---|--|--|
| NAME: GARY L BERGER                    | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
| TITLE: PRESIDENT                       |   |  |  |
| ADDRESS: 31 SPRINGHILL FARM CT         |   |  |  |
| CITY/ST/ZIP/CO: COCKEYSVILLE, MD 21030 |   |  |  |

|  |   |  |  |
|--|---|--|--|
| NAME: CRAIG J BANCROFT                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
| TITLE: VICE PRESIDENT                  |   |  |  |
| ADDRESS: 13010 JEROME JAY DRIVE        |   |  |  |
| CITY/ST/ZIP/CO: COCKEYSVILLE, MD 21030 |   |  |  |

|                                   |   |  |  |
|-----------------------------------|---|--|--|
| NAME: V JOSEPH LIZANE             | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
| TITLE: VICE PRESIDENT             |   |  |  |
| ADDRESS: 4009 CLOVERLAND DRIVE    |   |  |  |
| CITY/ST/ZIP/CO: PHOENIX, MD 21131 |   |  |  |

|                                       |   |                                   |  |
|---------------------------------------|---|-----------------------------------|--|
| NAME: EILEEN Q WILCOX                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |  |
| TITLE: VICE PRESIDENT                 |   |                                   |  |
| ADDRESS: 911 HILLSTEAD DR             |   |                                   |  |
| CITY/ST/ZIP/CO: LUTHERVILLE, MD 21093 |   |                                   |  |

|                                     |   |                                   |  |
|-------------------------------------|---|-----------------------------------|--|
| NAME: NANCEY M BOHLEN               | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |  |
| TITLE: S/T                          |   |                                   |  |
| ADDRESS: 3820 CHESTNUT ROAD         |   |                                   |  |
| CITY/ST/ZIP/CO: BALTIMORE, MD 21220 |   |                                   |  |

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/ GARY L BERGER                                   | GARY L BERGER, PRESIDENT         | 4/29/2016 |
| 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.