

<p>1.) CORPORATION NAME: Insurance Specialists, Inc., a Georgia Agency(USED IN VA BY: INSURANCE SPECIALISTS, INC.)</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: REGISTERED AGENT SOLUTIONS, INC. 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: GA</p>	<p>DUE DATE: 1/31/2014</p> <p>SCC ID NO: F1574351</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>2,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,000,000
CLASS	AUTHORIZED				
COMMON	2,000,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2967 GRANDVIEW AVE,NE

CITY/ST/ZIP: ATLANTA, GA 30305

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.

<p>NAME: WILLIAM KEAYS BASS JR</p> <p>TITLE: PRESIDENT</p> <p>ADDRESS: 2967 GRANDVIEW AVE, NE</p> <p>CITY/ST/ZIP/CO: ATLANTA, GA 30305</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<p>NAME: NINA B BASS</p> <p>TITLE: SECRETARY</p> <p>ADDRESS: 2967 GRANDVIEW AVE NE</p> <p>CITY/ST/ZIP/CO: ATLANTA, GA 30305</p>	<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.

/s/ WILLIAM KEAYS BASS JR	WILLIAM KEAYS BASS JR,	5/14/2014
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.