

1.) CORPORATION NAME: C.B.S. Coverage Group Inc.	DUE DATE: 7/31/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street	SCC ID NO: F1595711				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY	5.) STOCK INFORMATION <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>200</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	200
CLASS		AUTHORIZED			
COMMON	200				
4.) STATE OR COUNTRY OF INCORPORATION: NY					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 111 EXPRESS ST CITY/ST/ZIP: PLAINVIEW, NY 11803
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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.
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NAME: GERALD M LEVY TITLE: PRESIDENT ADDRESS: 192 SAGAMORE DR CITY/ST/ZIP/CO: PLAINVIEW, NY 11803	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: ARNOLD WALDMAN TITLE: VICE PRESIDENT ADDRESS: 581 LEHEIGH LN CITY/ST/ZIP/CO: WOODMERE, NY 11791	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: JOSEPH V RAAB TITLE: EVP ADDRESS: 503 VERONA DR CITY/ST/ZIP/CO: MELVILLE, NY 11747	<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/ GERALD M LEVY	GERALD M LEVY, PRESIDENT	7/24/2012
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.