

| <p>1.) CORPORATION NAME: PROFESSIONAL RISK AND ASSET MANAGEMENT INSURANCESERVICES, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATE CREATIONS NETWORK INC. 6802 PARAGON PLACE SUITE 410 RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: CA</p> | <p>DUE DATE: 9/30/2014</p> <p>SCC ID NO: F1612615</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>10,000,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 10,000,000 |
|---|---|-------|------------|--------|------------|
| CLASS | AUTHORIZED | | | | |
| COMMON | 10,000,000 | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 711 E. IMPERIAL HWY., SUITE 100

CITY/ST/ZIP: BREAA, CA 92821

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: SCOTT INTRAVIA</p> <p>TITLE: PRESIDENT</p> <p>ADDRESS: 711 E IMPERIAL HWY #1000</p> <p>CITY/ST/ZIP/CO: BREAA, CA 92821</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
|---|---|--|--|

| | | | |
|--|---|--|--|
| <p>NAME: AUDREY L. BRIDGES</p> <p>TITLE: VICE PRESIDENT</p> <p>ADDRESS: 711 E. IMPERIAL HWY., SUITE 100</p> <p>CITY/ST/ZIP/CO: BREAA, CA 92821</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
|--|---|--|--|

| | | | |
|---|---|--|--|
| <p>NAME: LISA M. COLLIER</p> <p>TITLE: TREASURER</p> <p>ADDRESS: 711 E. IMPERIAL HWY., SUITE 100</p> <p>CITY/ST/ZIP/CO: BREAA, CA 92821</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | |
|---|---|--|--|

| | | | |
|---|---|--|--|
| <p>NAME: DAVID P. WILSON</p> <p>TITLE: SECRETARY</p> <p>ADDRESS: 711 E. IMPERIAL HWY., SUITE 100</p> <p>CITY/ST/ZIP/CO: BREAA, CA 92821</p> | <input checked="" 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/ DAVID P. WILSON | DAVID P. WILSON, SECRETARY | 9/11/2014 |
| 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.