

| 1.) CORPORATION NAME: Oxonia Insurance Agency, Inc. (USED IN VA BY:OXONIA INSURANCE GROUP, INC.) 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BUSINESS FILINGS INCORPORATED 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: FL | DUE DATE: 1/31/2013 SCC ID NO: F1615295 5.) STOCK INFORMATION <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>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
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| CLASS | AUTHORIZED | | | | |
| COMMON | 1,000 | | | | |

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| 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8487 W COMMERCIAL BLVD CITY/ST/ZIP: TAMARAC, FL 33351 |
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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: DANIEL DISGDIERTT TITLE: PRESIDENT ADDRESS: 8479 W COMMERCIAL BLVD CITY/ST/ZIP/CO: TAMARAC, FL 33351 | <input checked="" type="checkbox"/> OFFICER | <input checked="" 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.

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| /s/ DANIEL DISGDIERTT | DANIEL DISGDIERTT, PRESIDENT | 11/28/2012 |
| 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.