

1.) CORPORATION NAME:

SHAFER INSURANCE AGENCY, INC.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CALVIN W FOWLER JR
200 SOUTH 10TH STREET, SUITE 1600
P.O. BOX 1320**

SCC ID NO: **F1621418**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1100 MARION ST STE 100

CITY/ST/ZIP: KNOXVILLE, TN 37921

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:	ALEXANDER C SHAFER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1100 MARION ST STE 100		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37921		
NAME:	DAVID F HUMPHREYS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1100 MARION ST STE 100		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37921		
NAME:	C RUSSELL TOWNSEND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1100 MARION ST STE 100		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37921		
NAME:	ALEX A SHAFER JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1100 MARION ST STE 100		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37921		
NAME:	REBECCA L FRITZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	1100 MARION STREET STE 100		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37921		
NAME:	Lisa Helton	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP Emp Benefits		
ADDRESS:	1100 Marion Street, Ste. 100		
CITY/ST/ZIP/CO:	Knoxville, TN 37921		

NAME: Jason Tallent TITLE: Exec VP Constr ADDRESS: 1100 Marion Street, Ste. 100 CITY/ST/ZIP/CO: Knoxville, TN 37921	<input checked="" type="checkbox"/> OFFICER	<input 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/ ALEXANDER C SHAFER	ALEXANDER C SHAFER,	3/20/2014
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.