

1.) CORPORATION NAME: <b>Falcon Insurance Agency, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>PARACORP INCORPORATED          7288 HANOVER GREEN DRIVE          MECHANICSVILLE, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>TX</b>	DUE DATE: <b>5/31/2014</b> SCC ID NO: <b>F1626821</b> 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>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1001 WATER ST BLDG K - STE 100  CITY/ST/ZIP: KERRVILLE, TX 78028
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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.

NAME: Barry R Dowlen TITLE: PRESIDENT ADDRESS: 3633 Ranch View Court CITY/ST/ZIP/CO: Kerrville, TX 78028	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: FLOYD THOMAS BRADSHAW TITLE: S/T ADDRESS: 7316 TRIANON CT CITY/ST/ZIP/CO: COLLEYVILLE, TX 76034	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: John R Allen TITLE: DIRECTOR ADDRESS: 2068 Laird Road South CITY/ST/ZIP/CO: Harper, TX 78631	<input 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.

/s/ Barry R Dowlen	Barry R Dowlen, PRESIDENT	4/28/2014
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.