

<p>1.) CORPORATION NAME: Robert McIntyre Insurance Agency, Inc. (USED INVA BY: ROBERT McINTYRE INSURANCE, INC.)</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: RAHS VA, LLC 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: PA</p>	<p>DUE DATE: 5/31/2015</p> <p>SCC ID NO: F1628512</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>500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	500
CLASS	AUTHORIZED				
COMMON	500				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 420 E LANCASTER AVE

CITY/ST/ZIP: ST DAVIDS, PA 19087

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: PAUL M OCONNEL JR</p> <p>TITLE: PRESIDENT</p> <p>ADDRESS: 420 E LANCASTER AVE</p> <p>CITY/ST/ZIP/CO: ST DAVIDS, PA 19087</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	---	--

<p>NAME: MCLEOD F GWYNETTE</p> <p>TITLE: CHAIRMAN OF BRD</p> <p>ADDRESS: 420 E LANCASTER AVE</p> <p>CITY/ST/ZIP/CO: ST DAVIDS, PA 19087</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/ PAUL M OCONNEL JR	PAUL M OCONNEL JR, PRESIDENT	4/21/2015
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.