

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	213526830		
1.) CORPORATION NAME: <b>Mondics Insurance Agency, Incorporated (USED INVA BY:          Mondics Insurance Group, Inc.)</b>		DUE DATE: <b>6/30/2013</b>  SCC ID NO: <b>F1632316</b>		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>HERNDON-RESTON INSURANCE AGENCY INC          718 PINE ST.          HERNDON, VA</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> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>				
4.) STATE OR COUNTRY OF INCORPORATION: <b>TX</b>				
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 6900 NORTH DALLAS PARKWAY SUITE 425  CITY/ST/ZIP: PLANO, TX 75024				
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: JOHN L MONDICS TITLE: PRESIDENT ADDRESS: 6900 NORTH DALLAS PARKWAY SUITE 425 CITY/ST/ZIP/CO: PLANO, TX 75024	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: CHARLES DICKER TITLE: VICE PRESIDENT ADDRESS: 700 E. 11TH STREET CITY/ST/ZIP/CO: AUSTIN, TX 78701	<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/ JOHN L MONDICS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN L MONDICS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/7/2013 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.				