

| | | | | | |
|--|--|-------|------------|--------|-------|
| 1.) CORPORATION NAME: MOBILE INSURANCE AGENCY OF TEXAS, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: REGISTERED AGENT SOLUTIONS, INC. 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: TX | DUE DATE: 12/31/2015 SCC ID NO: F1651241 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>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 1,000 | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 25775 OAK RIDGE DR SUITE 110

CITY/ST/ZIP: THE WOODLANDS, TX 77380

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: KURT D KELLEY TITLE: PRESIDENT ADDRESS: 25775 OAK RIDGE DR SUITE 110 CITY/ST/ZIP/CO: THE WOODLANDS, TX 77380 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
|---|-------------------------------------|---------|-------------------------------------|----------|

| | | | | |
|---|-------------------------------------|---------|--------------------------|----------|
| NAME: SAMUEL L STINE TITLE: VICE PRESIDENT ADDRESS: 25775 OAK RIDGE DR SUITE 110 CITY/ST/ZIP/CO: THE WOODLANDS, TX 77380 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
|---|-------------------------------------|---------|--------------------------|----------|

| | | | | |
|---|-------------------------------------|---------|--------------------------|----------|
| NAME: TEXANA MATHIS TITLE: S/T ADDRESS: 25775 OAK RIDGE DR SUITE 110 CITY/ST/ZIP/CO: THE WOODLANDS, TX 77380 | <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/ KURT D KELLEY | KURT D KELLEY, PRESIDENT | 11/17/2015 |
| 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.