

1.) CORPORATION NAME:

**Fulton Insurance Services Group, Inc.**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**FULTON BANK NA  
4429 BONNEY RD STE 100  
VIRGINIA BEACH, VA**

SCC ID NO: **F1668914**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE PENN SQ

CITY/ST/ZIP: LANCASTER, PA 17602

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: DAVID B HANSON TITLE: P/CHAIRMAN ADDRESS: ONE PENN SQ CITY/ST/ZIP/CO: LANCASTER, PA 17602	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BARBARA M BOBEN TITLE: SECRETARY ADDRESS: ONE PENN SQ CITY/ST/ZIP/CO: LANCASTER, PA 17602	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KARL J SICHELSTIEL TITLE: TREASURER ADDRESS: ONE PENN SQ CITY/ST/ZIP/CO: LANCASTER, PA 17602	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PAUL M NICHOLAS TITLE: VICE PRESIDENT ADDRESS: ONE PENN SQ CITY/ST/ZIP/CO: LANCASTER, PA 17602	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: CRAIG A RODA TITLE: DIRECTOR ADDRESS: ONE PENN SQ CITY/ST/ZIP/CO: LANCASTER, PA 17602	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID M CAMPBELL TITLE: DIRECTOR ADDRESS: ONE PENN SQ CITY/ST/ZIP/CO: LANCASTER, PA 17604	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	MARK A MULLICAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE PENN SQ		
CITY/ST/ZIP/CO:	LANCASTER, PA 17604		

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.

<u>/s/ KARL J SICHELSTIEL</u>	<u>KARL J SICHELSTIEL,</u>	<u>5/6/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TREASURER 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.