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|---|--|-------|------------|--------|-------|
| 1.) CORPORATION NAME: The Foley Insurance Agency, Inc. | DUE DATE: 11/30/2012 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INSURANCE CENTER OF WINCHESTER INC 728 S LOUDOUN ST WINCHESTER, VA 22604 | SCC ID NO: F1689571 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WINCHESTER CITY | 5.) STOCK INFORMATION | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: PA | <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>5,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 5,000 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 5,000 | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1841 NORRISTOWN ROAD

CITY/ST/ZIP: MAPLE GLEN, PA 19002

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.

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|--|-------------------------------------|---------|-------------------------------------|----------|
| NAME: TIMOTHY J FOLEY TITLE: PRESIDENT ADDRESS: 1841 NORRISTOWN RD CITY/ST/ZIP/CO: MAPLE GLEN, PA 19002 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
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| NAME: GERARD T FOLEY TITLE: VICE PRESIDENT ADDRESS: 1841 NORRISTOWN RD CITY/ST/ZIP/CO: MAPLE GLEN, PA 19002 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
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|---|-------------------------------------|---------|-------------------------------------|----------|
| NAME: DANIEL M MCGILL TITLE: VICE PRESIDENT ADDRESS: 1841 NORRISTOWN RD CITY/ST/ZIP/CO: MAPLE GLEN, PA 19002 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
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| NAME: MARGARET F FOLEY TITLE: SEC TREAS ADDRESS: 1841 NORRISTOWN RD CITY/ST/ZIP/CO: MAPLE GLEN, PA 19002 | <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.

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|---|----------------------------------|-----------|
| /s/ MARGARET F FOLEY | MARGARET F FOLEY, SEC TREAS | 12/1/2012 |
| 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.