

1.) CORPORATION NAME: Falcon Insurance Agency Midwest, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PARACORP INCORPORATED 12610 LAKE NORMANDY LN FAIRFAX, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: KS	DUE DATE: 1/31/2014 SCC ID NO: F1693508 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: 18401 EDISON AVE

CITY/ST/ZIP: CHESTERFIELD, MO 63005

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN R ALLEN TITLE: PRESIDENT ADDRESS: 1001 WATER ST BLDG K STE 100 CITY/ST/ZIP/CO: KERRVILLE, TX 78028		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KENNETH MAYNARD TITLE: VICE PRESIDENT ADDRESS: 18401 EDISON AVE CITY/ST/ZIP/CO: CHESTERFIELD, MO 63005		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FLOYD T BRADSHAW TITLE: DIRECTOR ADDRESS: 1001 WATER ST BLDG K STE 100 CITY/ST/ZIP/CO: KERRVILLE, TX 78028		

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 R ALLEN	JOHN R ALLEN, PRESIDENT	12/23/2013
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.