

1.) CORPORATION NAME:

MAVCO INSURANCE AGENCY, INC.

DUE DATE: **2/29/2012**

SCC ID NO: **F1699323**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
JOHN V ROBINSON
7102 THREE CHOPT RD
RICHMOND, VA 23226**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10 W CHICAGO AVE

CITY/ST/ZIP: HINSDALE, IL 60521-

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 checked="" type="checkbox"/>	DIRECTOR
NAME:	PHILIP G MAVON III			
TITLE:	PRESIDENT			
ADDRESS:	10 W CHICAGO AVE			
CITY/ST/ZIP/CO:	HINSDALE, IL 60521-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	MARIANNE COSSMANN			
TITLE:	VICE PRESIDENT			
ADDRESS:	10 W. CHICAGO AVE			
CITY/ST/ZIP/CO:	HINSDALE, IL 60521-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	P G MAVON JR			
TITLE:	CHAIRMAN			
ADDRESS:	10 W CHICAGO AVE			
CITY/ST/ZIP/CO:	HINSDALE, IL 60521-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	CATRINA LETTO-LYNCH			
TITLE:	ASST SECRETARY			
ADDRESS:	10 W. CHICAGO AVE			
CITY/ST/ZIP/CO:	HINSDALE, IL 60521-			

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/ PHILIP G MAVON III</u>	<u>PHILIP G MAVON III, PRESIDENT</u>	<u>2/8/2012</u>
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.