

<b>SCC eFile</b>	<b>2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	215503208				
1.) CORPORATION NAME: <b>Connors United Insurance Agencies, Inc. (USED INVA BY:          UNITED INSURANCE AGENCIES, INC.)</b>		DUE DATE: <b>3/31/2015</b>  SCC ID NO: <b>F1702911</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>PARACORP INCORPORATED          7288 HANOVER GREEN DRIVE          MECHANICSVILLE, VA</b>		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED					
COMMON	5,000					
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>						
4.) STATE OR COUNTRY OF INCORPORATION: <b>MD</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 3919 NORRISVILLE RD  CITY/ST/ZIP: JARRETTSVILLE, MD 21084						
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: SHARON L CONNORS TITLE: PRES/SEC/DIR ADDRESS: 3919 NORRISVILLE RD CITY/ST/ZIP/CO: JARRETTSVILLE, MD 21084		<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.						
<u>/s/ SHARON L CONNORS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SHARON L CONNORS,</u> PRES/SEC/DIR PRINTED NAME AND CORPORATE TITLE	<u>1/21/2015</u> 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.						