

| | | | | | |
|---|---|-------|------------|--------|-----|
| 1.) CORPORATION NAME: Combined Group Insurance Services, Inc. | DUE DATE: 8/31/2013 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA | SCC ID NO: F1718420 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | 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>100</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 100 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 100 | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: TX | | | | | |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14785 PRESTON ROAD STE 350

CITY/ST/ZIP: DALLAS, TX 75254

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: BLAKE Y STOCK TITLE: PRESIDENT ADDRESS: 14785 PRESTON ROAD STE 350 CITY/ST/ZIP/CO: DALLAS, TX 75254 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|--|---|-----------------------------------|

| | | |
|---|---|-----------------------------------|
| NAME: LAUREL L GRAMMIG TITLE: VP/SEC ADDRESS: 655 N FRANKLIN ST STE 1900 CITY/ST/ZIP/CO: TAMPA, FL 33602 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|---|---|-----------------------------------|

| | | |
|---|---|-----------------------------------|
| NAME: CORY T WALKER TITLE: VICE PRESIDENT ADDRESS: 220 S RIDGEWOOD AVE CITY/ST/ZIP/CO: DAYTONA BEACH, FL 32114 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
|---|---|-----------------------------------|

| | | |
|--|----------------------------------|--|
| NAME: ANTHONY T STRIANESE TITLE: DIR/CHAIRMAN ADDRESS: 303 CORPORATE CENTER DR SUITE 300 CITY/ST/ZIP/CO: STOCKBRIDGE, GA 30281 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|----------------------------------|--|

| | | |
|--|---|-----------------------------------|
| NAME: Joseph Stanton TITLE: TREASURER ADDRESS: 1815 Griffin Road, Ste. 300 CITY/ST/ZIP/CO: Ft. Lauderdale, FL 33004 | <input checked="" type="checkbox"/> OFFICER | <input 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.

| | | |
|---|----------------------------------|-----------|
| /s/ LAUREL L GRAMMIG | LAUREL L GRAMMIG, VP/SEC | 7/26/2013 |
| 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.