

1.) CORPORATION NAME:

**DVM Insurance Agency, Inc. (USED IN VA BY:
DVMINSURANCE AGENCY)**

DUE DATE: **10/31/2014**

SCC ID NO: **F1724642**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**REGISTERED AGENT SOLUTIONS, INC.
7288 HANOVER GREEN SRIVE
MECHANICSVILLE, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1800 E. IMPERIAL HIGHWAY, SUITE 145

CITY/ST/ZIP: BREAA, CA 92821

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:	SCOTT LILES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1800 E. IMPERIAL HIGHWAY, SUITE 145		
CITY/ST/ZIP/CO:	BREA, CA 92821		

NAME:	DEBORAH ANN CARTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSOCIATE VP		
ADDRESS:	1800 E. IMPERIAL HIGHWAY, SUITE 145		
CITY/ST/ZIP/CO:	BREA, CA 92821		

NAME:	KEITH GRAHAM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREASURER		
ADDRESS:	1800 E. IMPERIAL HIGHWAY, SUITE 145		
CITY/ST/ZIP/CO:	BREA, CA 92821		

NAME:	JONATHAN KASS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-IT OPERATION		
ADDRESS:	1800 E. IMPERIAL HIGHWAY, SUITE 145		
CITY/ST/ZIP/CO:	BREA, CA 92821		

NAME:	PHIL GREVIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1800 E. IMPERIAL HIGHWAY, SUITE 145		
CITY/ST/ZIP/CO:	BREA, CA 92821		

NAME:	ROBERT HORNER III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1800 E. IMPERIAL HIGHWAY, SUITE 145		
CITY/ST/ZIP/CO:	BREA, CA 92821		

NAME: KEITH GOAD TITLE: DIRECTOR ADDRESS: 1800 E. IMPERIAL HIGHWAY, SUITE 145 CITY/ST/ZIP/CO: BREA, CA 92821	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TERRI HILL TITLE: DIRECTOR ADDRESS: 1800 E. IMPERIAL HIGHWAY, SUITE 145 CITY/ST/ZIP/CO: BREA, CA 92821	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MICHAEL MILLER TITLE: DIRECTOR ADDRESS: 1800 E. IMPERIAL HIGHWAY, SUITE 145 CITY/ST/ZIP/CO: BREA, CA 92821	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ PHIL GREVIN	PHIL GREVIN, ASST SECRETARY	8/27/2014
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.