

1.) CORPORATION NAME:

**Edgewood Partners Insurance Center, Incorporated(USED  
IN VA BY: Edgewood Partners Insurance Center**

DUE DATE: **3/31/2012**

SCC ID NO: **F1741745**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
NATIONAL REGISTERED AGENTS, INC.  
4001 North Ninth Street, Suite 227  
ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 135 MAIN ST  
21ST FLOOR

CITY/ST/ZIP: SAN FRANCISCO, CA 94105-

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: JOHN G. HAHN  
TITLE: PRESIDENT  
ADDRESS: 135 MAIN ST  
21ST FLOOR  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER

DIRECTOR

NAME: DAN R. FRANCIS  
TITLE: CEO  
ADDRESS: 135 MAIN ST  
21ST FLOOR  
CITY/ST/ZIP/CO: SAN MATEO, CA 94105-

OFFICER

DIRECTOR

NAME: JOHN G. HAHN  
TITLE: DIRECTOR  
ADDRESS: 135 MAIN ST 21ST FLOOR  
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-

OFFICER

DIRECTOR

NAME: NANCY A. HAHN  
TITLE: TREASURER  
ADDRESS: 901 MARINERS ISLAND BLVD, #625  
CITY/ST/ZIP/CO: SAN MATEO, CA 94404-

OFFICER

DIRECTOR

NAME: DANIEL J. CRAWFORD  
TITLE: SECRETARY  
ADDRESS: 901 MARINERS ISLAND BLVD, #625  
CITY/ST/ZIP/CO: SAN MATEO, CA 94404-

OFFICER

DIRECTOR

NAME: ELAINE D ANDRIAN TITLE: CFO ADDRESS: 135 MAIN STREET 21ST FLOOR CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: NICOLAS ZERBIB TITLE: DIRECTOR ADDRESS: 20 HORSENECK LANE CITY/ST/ZIP/CO: GREENWICH, CT 06830-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID J WERMUTH TITLE: DIRECTOR ADDRESS: 20 HORSENECK LANE CITY/ST/ZIP/CO: GREENWICH, CT 06830-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JEFFREY B CAPPEL TITLE: DIRECTOR ADDRESS: 1002 MONROE AVENUE CITY/ST/ZIP/CO: RIVER FOREST, IL 60305-	<input 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/ ELAINE D ANDRIAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>ELAINE D ANDRIAN, CFO</u> PRINTED NAME AND CORPORATE TITLE	<u>3/15/2012</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.		