

1.) CORPORATION NAME:

CONSOLIDATED INSURANCE CENTER, INC.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1742867**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11403 CRONRIDGE DR STE 270

CITY/ST/ZIP: OWINGS MILL, MD 21117

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 W DOETZER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	11600 WHITETAIL LANE		
CITY/ST/ZIP/CO:	ELLCOTT CITY, MD 21042		
NAME:	THOMAS F CAMPION	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR EXEC VP		
ADDRESS:	4037 PEBBLE BRANCH RD		
CITY/ST/ZIP/CO:	ELLCOTT CITY, MD 21042		
NAME:	DAVID REEVE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	9178 BLUE BALL RD		
CITY/ST/ZIP/CO:	STEWARTSTOWN, PA 17363		
NAME:	ELIZABETH A KORPELA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/T/CFO		
ADDRESS:	17 CAVESWOOD LANE		
CITY/ST/ZIP/CO:	OWINGS MILLS, MD 21117		
NAME:	JOHN F DOETZER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/COB		
ADDRESS:	6093 HOPKINS NECK RD		
CITY/ST/ZIP/CO:	EASTON, MD 21601		
NAME:	Daniel Workmeister	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	123 Linhigh Avenue		
CITY/ST/ZIP/CO:	Nottingham, MD 21236		

NAME:	Robert Ellis	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP Emp Bene		
ADDRESS:	8779 Sage Brush Way		
CITY/ST/ZIP/CO:	Columbia, MD 21045		

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/ ELIZABETH A KORPELA	ELIZABETH A KORPELA, S/T/CFO	2/5/2013
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.