

1.) CORPORATION NAME:

**Foundry Insurance Agency, Inc.**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1744418**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 183 LEADER HEIGHTS ROAD

CITY/ST/ZIP: YORK, PA 17402

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SCOTT C ROGERS	
TITLE:	PRESIDENT	
ADDRESS:	183 LEADER HEIGHTS ROAD	
CITY/ST/ZIP/CO:	YORK, PA 17402	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANTHONY P CAMPISI	
TITLE:	VICE PRESIDENT	
ADDRESS:	183 LEADER HEIGHTS ROAD	
CITY/ST/ZIP/CO:	YORK, PA 17402	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	THOMAS CLEMENTS	
TITLE:	VP/T	
ADDRESS:	183 LEADER HEIGHTS ROAD	
CITY/ST/ZIP/CO:	YORK, PA 17402	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RAY R FIDLER ESQ	
TITLE:	VP/S	
ADDRESS:	183 LEADER HEIGHTS ROAD	
CITY/ST/ZIP/CO:	YORK, PA 17402	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL E CONWAY	
TITLE:	ASST S	
ADDRESS:	183 LEADER HEIGHTS ROAD	
CITY/ST/ZIP/CO:	YORK, PA 17402	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Jennifer S. Raffensberger	
TITLE:	ASST TREASURER	
ADDRESS:	183 Leader Heights Road	
CITY/ST/ZIP/CO:	York, PA 17402	

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/ MICHAEL E CONWAY	MICHAEL E CONWAY, ASST S	4/24/2012
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.		