

1.) CORPORATION NAME: NEWBROOK INSURANCE AGENCY, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCorp SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: NY	DUE DATE: 4/30/2014 SCC ID NO: F1749441 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>200</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	200
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 14 ROOSEVELT AVE CITY/ST/ZIP: PORT JEFFERSON STATION, NY 11776

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: DAVID LEVINE TITLE: PRESIDENT ADDRESS: 14 ROOSEVELT AVE CITY/ST/ZIP/CO: PORT JEFFERSON STATION, NY 11776	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ROY CIFUNI TITLE: VPLIFEBROKESVCE ADDRESS: 14 ROOSEVELT AVE CITY/ST/ZIP/CO: PORT JEFFERSON STATION, NY 11776	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: MICHAEL KELSON TITLE: VPPERS LINE/CFO ADDRESS: 14 ROOSEVELT AVE CITY/ST/ZIP/CO: PORT JEFFERSON STATION, NY 11776	<input checked="" type="checkbox"/> OFFICER	<input 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/ MICHAEL KELSON	MICHAEL KELSON, VPPERS LINE/CFO	3/20/2014
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.