

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213517536		
1.) CORPORATION NAME: CAI/Insurance Agency, Inc.		DUE DATE: 5/31/2013		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD SUITE 301 GLEN ALLEN, VA		SCC ID NO: F1750217 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> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY				
4.) STATE OR COUNTRY OF INCORPORATION: OH				
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2035 Reading Road CITY/ST/ZIP: CINCINNATI, OH 45202-1415				
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: CARL R SCHLOTMAN III TITLE: CEO/P ADDRESS: 2035 Reading Road CITY/ST/ZIP/CO: CINCINNATI, OH 45202-1415	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: JAMES T SCHLOTMAN TITLE: TREASURER ADDRESS: 2035 Reading Road CITY/ST/ZIP/CO: CINCINNATI, OH 45202-1415	<input checked="" 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.				
/s/ JAMES T SCHLOTMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES T SCHLOTMAN, TREASURER PRINTED NAME AND CORPORATE TITLE	4/11/2013 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.				