

1.) CORPORATION NAME: Connie Phillips Insurance Agency, INC. (USED INVA BY: CONNIE PHILLIPS INSURANCE, INC.) 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA 23111 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: MD	DUE DATE: 6/30/2012 SCC ID NO: F1754490 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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 605 WEST PATRICK ST CITY/ST/ZIP: FREDERICK, MD 21701

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: CONNIE E PHILLIPS TITLE: PRESIDENT ADDRESS: 605 WEST PATRICK ST CITY/ST/ZIP/CO: FEDERICK, MD 21701	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CAROLL PHILLPS TITLE: DIRECTOR ADDRESS: 605 WEST PATRICK ST CITY/ST/ZIP/CO: FEDERICK, MD 21701	<input type="checkbox"/> OFFICER	<input checked="" 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/ CONNIE E PHILLIPS	CONNIE E PHILLIPS, PRESIDENT	7/31/2012
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.