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| <b>SCC eFile</b> | <b>2013 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 213535236 |
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|  |  |       |            |        |       |
|--|--|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>C &amp; F INSURANCE ASSOCIATES, INC.</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>PATRICIA GROSS<br/>         2329 TROTT AVE<br/>         VIENNA, VA</b><br>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>FAIRFAX COUNTY</b><br>4.) STATE OR COUNTRY OF INCORPORATION:<br><b>MD</b> | DUE DATE: <b>6/30/2013</b><br>SCC ID NO: <b>F1754748</b><br>5.) STOCK INFORMATION<br><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>5,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 5,000 |
| CLASS  | AUTHORIZED   |       |            |        |       |
| COMMON   | 5,000  |       |            |        |       |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7050 CHESAPEAKE RD #202

CITY/ST/ZIP: HYATTSVILLE, MD 20784

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: WILLIE CAMPBELL                 |   |  |
| TITLE: PRESIDENT                      |   |  |
| ADDRESS: 7050 CHESAPEAKE RD #202      |   |  |
| CITY/ST/ZIP/CO: HYATTSVILLE, MD 20784 |   |  |

|                                  |                                  |  |
|----------------------------------|----------------------------------|--|
|                                  | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: PATRICIA GROSS             |                                  |  |
| TITLE: DIRECTOR                  |                                  |  |
| ADDRESS: 2329 TROTT AVE          |                                  |  |
| CITY/ST/ZIP/CO: VIENNA, VA 22181 |                                  |  |

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/ WILLIE CAMPBELL                                 | WILLIE CAMPBELL, PRESIDENT       | 7/30/2013 |
| 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.