

1.) CORPORATION NAME:

**UNITED INSURANCE GROUP AGENCY, INC.**

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1756735**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1150 CORPORATE OFFICE DR

CITY/ST/ZIP: MILFORD, MI 48381

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:	JOHN B CHITWOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1150 CORPORATE OFFICE DR		
CITY/ST/ZIP/CO:	MILFORD, MI 48381		

NAME:	MARK S DINSMORE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6201 PRESIDENTIAL COURT		
CITY/ST/ZIP/CO:	FORT MYERS, FL 33919		

NAME:	RICHARD B PITBLADDO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	6201 PRESIDENTIAL COURT		
CITY/ST/ZIP/CO:	FORT MYERS, FL 33919		

NAME:	STEVEN A HENSLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASSIST SEC		
ADDRESS:	6201 PRESIDENTIAL COURT		
CITY/ST/ZIP/CO:	FORT MYERS, FL 33919		

NAME:	ROBERT MCCLELLAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE VP		
ADDRESS:	1150 CORPORATE OFFICE DR		
CITY/ST/ZIP/CO:	MILFORD, MI 48381		

NAME:	DANIEL G SCHMEDLEN, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6201 PRESIDENTIAL COURT		
CITY/ST/ZIP/CO:	FORT MYERS, FL 33919		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A YOST TREASURER 33 N CENTRAL AVE. SUITE 317 MEDFORD, OR 97501	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH L SKIFF VICE PRESIDENT 6201 PRESIDENTIAL COURT FORT MYERS, FL 33919	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL BROYLES ASST SECRETARY 6201 PRESIDENTIAL COURT FORT MYERS, FL 33919	<input checked="" type="checkbox"/>	OFFICER	<input 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/ JOHN B CHITWOOD		JOHN B CHITWOOD, PRESIDENT		5/17/2012	
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.					