

1.) CORPORATION NAME:

Live Well Financial, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHAEL C HILD
830 E MAIN ST STE 1000
RICHMOND, VA 23219**

SCC ID NO: **F1767260**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 830 E MAIN STREET, STE 1000

CITY/ST/ZIP: RICHMOND, VA 23219

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.

<p>NAME: MICHAEL C HILD TITLE: PRESIDENT ADDRESS: 830 E MAIN ST STE 1000 CITY/ST/ZIP/CO: RICHMOND, VA 23219</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ERIC G ROHR TITLE: CFO ADDRESS: 830 E MAIN ST, STE 1000 CITY/ST/ZIP/CO: RICHMOND, VA 23219</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STUART CANTOR TITLE: DIRECTOR ADDRESS: 830 E MAIN ST STE 1000 CITY/ST/ZIP/CO: RICHMOND, VA 23219</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Bonnie Garrison TITLE: VICE PRESIDENT ADDRESS: 830 E Main Street CITY/ST/ZIP/CO: Richmond, VA 23221</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Brian David Weiler TITLE: Assistant VP ADDRESS: 830 E Main Street CITY/ST/ZIP/CO: Richmond, VA 23221</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Brett Rome TITLE: DIRECTOR ADDRESS: Ten Post Office Square 11th floor CITY/ST/ZIP/CO: Boston , MA 02109</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	James Karides	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9020 Stony Point Parkway #180		
CITY/ST/ZIP/CO:	Richmond , VA 23235		

NAME:	Howard Goldstein	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13818 Goosefoot Terrace		
CITY/ST/ZIP/CO:	Rockville, MA 20850		

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.

<u>/s/ ERIC G ROHR</u>	<u>ERIC G ROHR, CFO</u>	<u>9/28/2012</u>
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.