

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216500010
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<p>1.) CORPORATION NAME: George Johnson Insurance Agency, Inc. (USED IN VABY: GEORGE JOHNSON INSURANCE, INC.)</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: SC</p>	<p>DUE DATE: 1/31/2016</p> <p>SCC ID NO: F1778390</p> <p>5.) STOCK INFORMATION</p> <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>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
CLASS	AUTHORIZED				
COMMON	100,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: BUILDING 300
314 SOUTH PINE STREET

CITY/ST/ZIP: SPARTANBURG, SC 29302

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: JAMES G BOMAR</p> <p>TITLE: PRESIDENT</p> <p>ADDRESS: BUILDING 300 314 SOUTH PINE STREET SPARTANBURG, SC 29302</p> <p>CITY/ST/ZIP/CO: SPARTANBURG, SC 29302</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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<p>NAME: JOHN S SMITH</p> <p>TITLE: VICE PRESIDENT</p> <p>ADDRESS: BLDG 300 314 SOUTH PINE STREET SPARTANBURG, SC 29302</p> <p>CITY/ST/ZIP/CO: SPARTANBURG, SC 29302</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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<p>NAME: JAMES G BOMAR</p> <p>TITLE: TREASURER</p> <p>ADDRESS: BLDG 300 314 SOUTH PINE STREET SPARTANBURG, SC 29302</p> <p>CITY/ST/ZIP/CO: SPARTANBURG, SC 29302</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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<p>NAME: A KYLE MILNER</p> <p>TITLE: SECRETARY</p> <p>ADDRESS: BUILDING 300 314 SOUTH PINE STREET SPARTANBURG, SC 29302</p> <p>CITY/ST/ZIP/CO: SPARTANBURG, SC 29302</p>	<input checked="" type="checkbox"/> OFFICER	<input 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/ JAMES G BOMAR	JAMES G BOMAR, PRESIDENT	11/11/2015
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.