

<p>1.) CORPORATION NAME: <b>BERRIAN INSURANCE GROUP AGENCY, INC. (USED IN VABY: BERRIAN INSURANCE GROUP, INC.)</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>HUBCO REGISTERED AGENT SERVICES, INC. 2331 MILL ROAD SUITE 100  ALEXANDRIA, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALEXANDRIA CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>CO</b></p>	<p>DUE DATE: <b>5/31/2013</b></p> <p>SCC ID NO: <b>F1791856</b></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> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED		

<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="padding-left: 40px;">ADDRESS: 10375 PARK MEADOWS DR STE 220</p> <p style="padding-left: 40px;">CITY/ST/ZIP: LITTLETON, CO 80124-6736</p>
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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: JOEL J BERRIAN</p> <p>TITLE: PRESIDENT</p> <p>ADDRESS: 10375 PARK MEADOWS DR STE 220</p> <p>CITY/ST/ZIP/CO: LITTLETON, CO 80124-6736</p>	<p style="text-align: center;"><input checked="" type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR</p>
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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/ JOEL J BERRIAN	JOEL J BERRIAN, PRESIDENT	5/9/2013
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.