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| SCC eFile | 2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 214523548 | | | | |
| 1.) CORPORATION NAME: GLOBAL INDEMNITY INSURANCE AGENCY, INC. | | DUE DATE: 6/30/2014 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: UCC RETRIEVALS INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA | | SCC ID NO: F1793795 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY | | 5.) STOCK INFORMATION <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>1,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,000 |
| CLASS | AUTHORIZED | | | | | |
| COMMON | 1,000 | | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: NJ | | | | | | |
| 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 20 HIGHLAND AVENUE CITY/ST/ZIP: METUCHEN, NJ 08840 | | | | | | |
| 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: TIMOTHY J WAGNER TITLE: PRESIDENT ADDRESS: 20 HIGHLAND AVENUE CITY/ST/ZIP/CO: METUCHEN, NJ 08840 | | <input checked="" type="checkbox"/> OFFICER <input checked="" 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/ TIMOTHY J WAGNER | TIMOTHY J WAGNER, PRESIDENT | 5/2/2014 | | | | |
| 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. | | | | | | |