

1.) CORPORATION NAME:

PUI Insurance Services, Inc. (USED IN VA BY: PATRIOT UNDERWRITERS, INC.)

DUE DATE: **9/30/2013**

SCC ID NO: **F1802778**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK INC.
4445 CORPORATION LANE, 2ND FLOOR
VIRGINIA BEACH, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3411 SILVERSIDE RD
RODNEY BLDG, #104

CITY/ST/ZIP: WILMINGTON, DE 19810

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: JOHN REARER TITLE: PRESIDENT ADDRESS: 401 E LAS OLAS BLVD SUITE 1650 CITY/ST/ZIP/CO: FORT LAUDERDALE, FL 33301</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THEODORE G BRYANT TITLE: SECRETARY ADDRESS: 401 E LAS OLAS BLVD SUITE 1650 CITY/ST/ZIP/CO: FORT LAUDERDALE, FL 33301</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: STEVEN M MARIANO TITLE: CEO ADDRESS: 401 E LAS OLAS BLVD SUITE 1650 CITY/ST/ZIP/CO: FORT LAUDERDALE, FL 33301</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: KIMBERLY DAVIS TITLE: ASST SECRETARY ADDRESS: 401 E LAS OLAS BLVD SUITE 1650 CITY/ST/ZIP/CO: FORT LAUDERDALE, FL 33301</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL J SLUKA TITLE: TREA ADDRESS: 401 E LAS OLAS BLVD SUITE 1540 CITY/ST/ZIP/CO: FORT LAUDERDALE, FL 33301</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	CHARLES K SCHUVER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	401 E LAS OLAS BLVD		
CITY/ST/ZIP/CO:	SUITE 1650 FORT LAUDERDALE, FL 33301		

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 REARER	JOHN REARER, PRESIDENT	11/21/2013
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.