

1.) CORPORATION NAME:

MEDEX Insurance Services, Inc.

DUE DATE: **10/31/2011**

SCC ID NO: **F1806019**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

JOHN V ROBINSON

7102 THREE CHOPT RD

RICHMOND, VA 23226

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8501 LASALLE RD STE 200

CITY/ST/ZIP: TOWSON, MD 21286-

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: BRUCE KIRBY
TITLE: PRESIDENT
ADDRESS: 8501 LASALLE ROAD, SUITE 200
CITY/ST/ZIP/CO: TOWSON, MD 21286-

OFFICER

DIRECTOR

NAME: SUSAN TORROELLA
TITLE: VICE PRESIDENT
ADDRESS: 8501 LASALLE ROAD
CITY/ST/ZIP/CO: TOWSON, MD 21286-

OFFICER

DIRECTOR

NAME: THOMAS HUDSON
TITLE: SECRETARY
ADDRESS: 8501 LASALLE ROAD, SUITE 200
CITY/ST/ZIP/CO: TOWSON, MD 21286-

OFFICER

DIRECTOR

NAME: DON VETAL
TITLE: TREASURER
ADDRESS: 8501 LASALLE ROAD, SUITE 200
CITY/ST/ZIP/CO: TOWSON, MD 21286-

OFFICER

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/ SUSAN TORROELLA
SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

SUSAN TORROELLA, VICE
PRESIDENT
PRINTED NAME AND CORPORATE
TITLE

9/13/2011

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.