

1.) CORPORATION NAME:

BEEHIVE INSURANCE AGENCY, INC.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1807967**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

UT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 302 WEST 5400 SOUTH #101

CITY/ST/ZIP: MURRAY, UT 84107

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:	W DOUGLAS SNOW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	302 WEST 5400 SOUTH #101		
CITY/ST/ZIP/CO:	MURRAY, UT 84057		

NAME:	RHYS WEAVER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	730 NORTH 1500 WEST		
CITY/ST/ZIP/CO:	OREM, UT 84057		

NAME:	KYLE STANDIFIRD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	730 NORTH 1500 WEST		
CITY/ST/ZIP/CO:	OREM, UT 84057		

NAME:	DON C MCGEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	730 NORTH 1500 WEST		
CITY/ST/ZIP/CO:	OREM, UT 84057		

NAME:	WILFORD W CLYDE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	730 NORTH 1500 WEST		
CITY/ST/ZIP/CO:	OREM, UT 84057		

NAME:	RICHARD C CLYDE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	730 NORTH 1500 WEST		
CITY/ST/ZIP/CO:	OREM, UT 84057		

NAME: NORMAN D CLYDE TITLE: DIRECTOR ADDRESS: 730 NORTH 1500 WEST CITY/ST/ZIP/CO: OREM, UT 84057	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: HAL M CLYDE TITLE: DIRECTOR ADDRESS: 730 NORTH 1500 WEST CITY/ST/ZIP/CO: OREM, UT 84057	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID O COOK TITLE: DIRECTOR ADDRESS: 730 NORTH 1500 WEST CITY/ST/ZIP/CO: OREM, UT 84057	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Carol Ann Larson TITLE: DIRECTOR ADDRESS: 730 North 1500 West CITY/ST/ZIP/CO: Orem, UT 84057	<input 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/ KYLE STANDIFIRD	KYLE STANDIFIRD, SECRETARY	11/26/2012
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.		