

1.) CORPORATION NAME:

**BEEHIVE INSURANCE AGENCY, INC.**

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1807967**

**GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

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

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
NAME: HOWARD WATTS TITLE: SECRETARY ADDRESS: 730 NORTH 1500 WEST CITY/ST/ZIP/CO: OREM , UT 84057	<input checked="" type="checkbox"/> OFFICER	<input 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/ HOWARD WATTS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HOWARD WATTS, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/9/2013 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.		