

1.) CORPORATION NAME: ENERGY INSURANCE AGENCY, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET RICHMOND, VA	DUE DATE: 1/31/2016 SCC ID NO: F1814393 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>COMV</td> <td>2,000</td> </tr> </table>	CLASS	AUTHORIZED	COMV	2,000
CLASS	AUTHORIZED				
COMV	2,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: KY					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 3008 ATKINSON AVE CITY/ST/ZIP: LEXINGTON, KY 40509

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.
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NAME: MARK T KELDER TITLE: PRESIDENT ADDRESS: 3008 ATKINSON AVE CITY/ST/ZIP/CO: LEXINGTON, KY 40509	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TONY NEWMAN TITLE: TREASURER ADDRESS: 3008 ATKINSON AVE CITY/ST/ZIP/CO: LEXINGTON, KY 40509	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAMES L. PEASE III TITLE: SECRETARY ADDRESS: 3008 ATKINSON AVE CITY/ST/ZIP/CO: LEXINGTON, KY 40509	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ MARK T KELDER	MARK T KELDER, PRESIDENT	4/5/2016
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.