

1.) CORPORATION NAME: <b>BENJAMIN F. BROWN INSURANCE AGENCY, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>ROBERT M. SOMER 8303 ARLINGTON BLVD STE 102  FAIRFAX, VA</b>	DUE DATE: <b>5/31/2014</b>  SCC ID NO: <b>F1824913</b>  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>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>MD</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 304 COMPTON AVE  CITY/ST/ZIP: LAUREL, MD 20707
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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: BENJAMIN F BROWN III TITLE: P,TREA ADDRESS: 304 COMPTON AVE CITY/ST/ZIP/CO: LAUREL, MD 20707	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: BERRY F BROWN TITLE: VP,SEC ADDRESS: 304 COMPTON AVE CITY/ST/ZIP/CO: LAUREL, MD 20707	<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/ BERRY F BROWN	BERRY F BROWN, VP,SEC	7/2/2014
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.