

1.) CORPORATION NAME:

DUE DATE: **10/31/2013**

B.F. Saul Insurance Agency of Md., Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1838707**

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7501 WISCONSIN AVE STE 1500

CITY/ST/ZIP: BETHESDA, MD 20814

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BURKE HAYES		
TITLE: PRESIDENT		
ADDRESS: 7501 WISCONSIN AVE STE 1500		
CITY/ST/ZIP/CO: BETHESDA, MD 20814		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS H MCCORMICK		
TITLE: SENIOR VP		
ADDRESS: 7501 WISCONSIN AVENUE		
SUITE 1500E		
CITY/ST/ZIP/CO: BETHESDA, MD 20814		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SCOTT G. ARMSTRONG		
TITLE: VICE PRESIDENT		
ADDRESS: 7501 WISCONSIN AVENUE		
SUITE 1500 E		
CITY/ST/ZIP/CO: BETHESDA, MD 20814		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHRISTOPHER H. CONNOLLY		
TITLE: SENIOR VP		
ADDRESS: 7501 WISCONSIN AVENUE		
SUITE 1500 E		
CITY/ST/ZIP/CO: BETHESDA, MD 20814		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CLYDE R DISMUKES		
TITLE: SENIOR VP		
ADDRESS: 7501 WISCONSIN AVENUE		
SUITE 1500 E		
CITY/ST/ZIP/CO: BETHESDA, MD 20814		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TIMOTHY S. GILLEN		
TITLE: VICE PRESIDENT		
ADDRESS: 7501 WISCONSIN AVENUE		
SUITE 1500 E		
CITY/ST/ZIP/CO: BETHESDA, MD 20814		

NAME: J. CRAIG HAMILTON TITLE: VICE PRESIDENT ADDRESS: 7501 WISCONSIN AVENUE SUITE 1500 E CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: SHARI A. MULDRON TITLE: ASST VP ADDRESS: 7501 WISCONSIN AVENUE SUITE 1500 E CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DAVID H. SCHWARZ TITLE: ASST VP ADDRESS: 7501 WISCONSIN AVENUE SUITE 1500 E CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JOEL A. FRIEDMAN TITLE: TREASURER ADDRESS: 7501 WISCONSIN AVE STE 1500E CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: B FRANCIS SAUL II TITLE: CHR MN ADDRESS: 7501 WISCONSIN AVE STE 1500E CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KIMBERLEY J ANDERSON TITLE: ASST SECRETARY ADDRESS: 7501 WISCONSIN AVENUE SUITE 1500 E CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MERLE F. SUSTERSICH TITLE: SECRETARY ADDRESS: 7501 WISCONSIN AVENUE SUITE 1500 E CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JESSICA L. PARKER TITLE: DIRECTOR ADDRESS: 7501 WISCONSIN AVENUE SUITE 1500 E CITY/ST/ZIP/CO: BETHESDA, MD 20814	<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/ MERLE F. SUSTERSICH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MERLE F. SUSTERSICH, SECRETARY PRINTED NAME AND CORPORATE TITLE	9/12/2013 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.		