

1.) CORPORATION NAME: CARGIL INSURANCE SERVICES CORP. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD #301 GLEN ALLEN, VA	DUE DATE: 10/31/2013 SCC ID NO: F1840653 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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: CA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 22774 MACFARLANE DRIVE CITY/ST/ZIP: WOODLAND HILLS, CA 91364	
---	--

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: GIL BECKENSTEIN TITLE: PRESIDENT ADDRESS: 22774 MACFARLANE DRIVE CITY/ST/ZIP/CO: WOODLAND HILLS, CA 91364	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
--	-------------------------------------	---------	-------------------------------------	----------

NAME: ADAM BECKENSTEIN TITLE: SECRETARY ADDRESS: 22774 MACFARLANE DRIVE CITY/ST/ZIP/CO: WOODLAND HILL, CA 91364	<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/ ADAM BECKENSTEIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ADAM BECKENSTEIN, SECRETARY PRINTED NAME AND CORPORATE TITLE	8/30/2013 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.