

1.) CORPORATION NAME: Concorde Insurance Agency, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: MI	DUE DATE: 4/30/2014 SCC ID NO: F1856337 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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1120 E. LONG LAKE ROAD SUITE 100 CITY/ST/ZIP: TROY, MI 48085
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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: JEANNE KESHISHIAN TITLE: PRESIDENT ADDRESS: 1120 E. LONG LAKE ROAD SUITE 100 CITY/ST/ZIP/CO: TROY, MI 48085	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JOHN H. GAKENHEIMER TITLE: VICE PRESIDENT ADDRESS: 1120 E. LONG LAKE ROAD SUITE 100 CITY/ST/ZIP/CO: TROY, MI 48085	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: NICOLE WOOLSON TITLE: SEC./TREAS. ADDRESS: 1120 E. LONG LAKE ROAD, SUITE 100 CITY/ST/ZIP/CO: TROY, MI 48085	<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/ JEANNE KESHISHIAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEANNE KESHISHIAN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/7/2014 DATE
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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.