

1.) CORPORATION NAME:

US Assure Insurance Services of Florida, Inc.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**RALS VA LLC
7288 HANOVER GREEN DR
MECHANICSVILLE, VA 23111**

SCC ID NO: **F1882671**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	10,000
COMNV	90,000

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8230 NATIONS WAY

CITY/ST/ZIP: JACKSONVILLE, FL 32256

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.

<p>NAME: CHRISTOPHER F EMANS TITLE: SECRETARY ADDRESS: 8230 NATIONS WAY CITY/ST/ZIP/CO: JACKSONVILLE, FL 32256</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ANDREW J FERGUSON TITLE: PRESIDENT ADDRESS: 8230 NATIONS WAY CITY/ST/ZIP/CO: JACKSONVILLE, FL 32256</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL ALAN FERGUSON TITLE: VICE PRESIDENT ADDRESS: 8230 NATIONS WAY CITY/ST/ZIP/CO: JACKSONVILLE, FL 32256</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: THOMAS F PETWAY IV TITLE: CEO/CHAIRMAN ADDRESS: 8230 NATIONS WAY CITY/ST/ZIP/CO: JACKSONVILLE, FL 32256</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: THOMAS F PETWAY, III TITLE: VICE CHAIRMAN ADDRESS: 8230 NATIONS WAY CITY/ST/ZIP/CO: JACKSONVILLE, FL 32256</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: G. ALAN HOWARD TITLE: ASST SECRETARY ADDRESS: 8230 NATIONS WAY CITY/ST/ZIP/CO: JACKSONVILLE, FL 32256</p>	<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/ CHRISTOPHER F EMANS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTOPHER F EMANS, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/4/2013 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.