

1.) CORPORATION NAME: Triad Teachers' Insurance and Financial Services, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MICHAEL A CLEARY 4913 BRAMBLETON AVE ROANOKE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: NC	DUE DATE: 1/31/2014 SCC ID NO: F1884230 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
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 533 N. HAMILTON ST. CITY/ST/ZIP: HIGH POINT, NC 27262
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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: DAVID GANTT TITLE: PRESIDENT ADDRESS: 533 N. HAMILTON ST. CITY/ST/ZIP/CO: HIGH POINT, NC 27262	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: ELIZABETH GANTT TITLE: VICE PRESIDENT ADDRESS: 533 N. HAMILTON ST. CITY/ST/ZIP/CO: HIGH POINT, NC 27262	<input checked="" type="checkbox"/>	OFFICER	<input 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/ DAVID GANTT	DAVID GANTT, PRESIDENT	11/18/2013
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.