

1.) CORPORATION NAME: MAYFAIR INSURANCE AGENCY, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 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: 3/31/2015 SCC ID NO: F1889486 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>60,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	60,000
CLASS	AUTHORIZED				
COMMON	60,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 8031 Ortonville Rd Suite 100 CITY/ST/ZIP: Clarkston, MI 48348

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: JOHN G. GROWNEY TITLE: PRESIDENT ADDRESS: 888 W. BIG BEAVER SUITE 1200 CITY/ST/ZIP/CO: TROY, MI 48084	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: BARRY L. HUNT TITLE: VICE PRESIDENT ADDRESS: 888 W. BIG BEAVER SUITE 1200 CITY/ST/ZIP/CO: TROY, MI 48084	<input 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/ JOHN G. GROWNEY	JOHN G. GROWNEY, PRESIDENT	2/13/2015
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.