

1.) CORPORATION NAME: <b>Gai Allen Insurance Agency, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>INCORP SERVICES INC          7288 HANOVER GREEN DR          MECHANICSVILLE, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>MD</b>	DUE DATE: <b>7/31/2015</b> SCC ID NO: <b>F1903477</b> 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
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COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 9400 LIVINGSTON RD STE 125 CITY/ST/ZIP: FORT WASHINGTON, MD 20744
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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: GAI ALLEN TITLE: PRESIDENT ADDRESS: 9400 LIVINGSTON RD STE 125 CITY/ST/ZIP/CO: FORT WASHINGTON, MD 20744	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: GERALD ALLEN TITLE: VICE PRESIDENT ADDRESS: 9400 LIVINGSTON RD STE 125 CITY/ST/ZIP/CO: FORT WASHINGTON, MD 20744	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: EVELYN MCINTOSH TITLE: SECRE ADDRESS: 9400 LIVINGSTON RD STE 125 CITY/ST/ZIP/CO: FORT WASHINGTON, MD 20744	<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/ GAI ALLEN	GAI ALLEN, PRESIDENT	7/29/2015
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.