

1.) CORPORATION NAME: ASPIRE INSURANCE AGENCY, INC. (USED IN VA BY:Aspire Insurance, Inc.) 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATE FILING SOLUTIONS LLC 4445 CORPORATION LANE, STE 264 VIRGINIA BEACH, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY 4.) STATE OR COUNTRY OF INCORPORATION: CT	DUE DATE: 12/31/2015 SCC ID NO: F1915570 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">CLASS</th> <th style="width:50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>20,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	20,000
CLASS	AUTHORIZED				
COMMON	20,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 69 WATER ST CITY/ST/ZIP: TORRINGTON, CT 06790
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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: STEPHEN G TODD TITLE: PRESIDENT ADDRESS: 69 WATER ST CITY/ST/ZIP/CO: TORRINGTON, CT 06790	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: GORDON C TODD TITLE: SECRETARY ADDRESS: 69 WATER STREET CITY/ST/ZIP/CO: TORRINGTON, CT 06790	<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/ STEPHEN G TODD	STEPHEN G TODD, PRESIDENT	11/9/2015
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.