

1.) CORPORATION NAME:

First Flight Insurance Agency, Inc. (USED IN VABY: First Flight Insurance Group, Inc.)

DUE DATE: **2/28/2014**

SCC ID NO: **F1920638**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES INC
7288 HANOVER GREEN DR
MECHANICSVILLE, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4112 N. Croatan Hwy
PO Box 1048

CITY/ST/ZIP: Kitty Hawk, NC 27949

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: Robert E. Wells TITLE: PRESIDENT ADDRESS: 4112 N. Croatan Hwy CITY/ST/ZIP/CO: Kitty Hawk, NC 27949</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Pamela P. Gomez TITLE: VICE PRESIDENT ADDRESS: 4112 N. Croatan Hwy CITY/ST/ZIP/CO: Kitty Hawk, NC 27949</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Philip C. Midkiff TITLE: VICE PRESIDENT ADDRESS: 4112 N. Croatan Hwy CITY/ST/ZIP/CO: Kitty Hawk, NC 27949</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Cathy G. Thompson TITLE: SECRETARY ADDRESS: 4112 N. Croatan Hwy CITY/ST/ZIP/CO: Kitty Hawk, NC 27949</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Dewey W. Wells TITLE: DIRECTOR ADDRESS: 4112 N. Croatan Hwy CITY/ST/ZIP/CO: Kitty Hawk, NC 27949</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: John M. Harris TITLE: DIRECTOR ADDRESS: 4112 N. Croatan Hwy CITY/ST/ZIP/CO: Kitty Hawk, NC 27949</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert E. Wells TREASURER 4112 N. Croatan Hwy Kitty Hawk, NC 27949	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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/ Robert E. Wells	Robert E. Wells, PRESIDENT	1/17/2014	
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.			