

1.) CORPORATION NAME: CAROLINA MUTUAL INSURANCE, INC.	DUE DATE: 3/31/2016
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA	SCC ID NO: F1923384
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: NC	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1820 EASTCHESTER DR

CITY/ST/ZIP: HIGH POINT, NC 27262

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: BRAD BEDSAUL	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 1820 EASTCHESTER DR				
CITY/ST/ZIP/CO: HIGH POINT, NC 27265				

NAME: SAM GIANOPOULUS	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: SECRETARY				
ADDRESS: 1820 EASTCHESTER_DR				
CITY/ST/ZIP/CO: HIGH POINT, NC 27265				

NAME: GARY LAIL	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: INTERIM TREASUR				
ADDRESS: 1820 EASTCHESTER DR.				
CITY/ST/ZIP/CO: HIGH POINT, NC 27265				

NAME: CLINT BEDSAUL	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: 1820 EASTCHESTER DR				
CITY/ST/ZIP/CO: HIGH POINT, NC 27265				

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/ BRAD BEDSAUL	BRAD BEDSAUL, PRESIDENT	1/28/2016
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.