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|---|---|-------|------------|--------|---------|
| 1.) CORPORATION NAME: W. Brown & Associates Property and Casualty Insurance Services, Inc. (USED IN VA BY: W. Brown 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PARACORP INCORPORATED 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA | DUE DATE: 4/30/2015 SCC ID NO: F1924390 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>100,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 100,000 |
| CLASS | AUTHORIZED | | | | |
| COMMON | 100,000 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY | | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: CA | | | | | |

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| 6.) PRINCIPAL OFFICE ADDRESS: | |
| ADDRESS: 19000 MACARTHUR BLVD STE 700 | |
| CITY/ST/ZIP: IRVINE, CA 92612 | |

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.

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| NAME: JOHN W KREBS TITLE: PRESIDENT ADDRESS: 19000 MACARTHUR BLVD STE 700 CITY/ST/ZIP/CO: IRVINE, CA 92612 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: W SCOTT BROWN TITLE: VICE PRESIDENT ADDRESS: 19000 MACARTHUR BLVD STE 700 CITY/ST/ZIP/CO: IRVINE, CA 92612 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: BRIAN D ENGLISH TITLE: VICE PRESIDENT ADDRESS: 19000 MACARTHUR BLVD STE 700 CITY/ST/ZIP/CO: IRVINE, CA 92612 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| NAME: JOHN J DELVECCHIO TITLE: VICE PRESIDENT ADDRESS: 19000 MACARTHUR BLVD STE 700 CITY/ST/ZIP/CO: IRVINE, CA 92612 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
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| NAME: THOMAS F BUSSARD TITLE: SECRE/TREA ADDRESS: 19000 MACARTHUR BLVD STE 700 CITY/ST/ZIP/CO: IRVINE, CA 92612 | <input checked="" type="checkbox"/> OFFICER | <input checked="" 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.

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| /s/ JOHN W KREBS | JOHN W KREBS, PRESIDENT | 2/28/2015 |
| 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.