

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214529815
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1.) CORPORATION NAME: <b>OHL Insurance &amp; Financial Services, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>INCorp SERVICES INC          7288 HANOVER GREEN DR          MECHANICSVILLE, VA</b>	DUE DATE: <b>6/30/2014</b>  SCC ID NO: <b>F1931049</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>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HANOVER COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>PA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 150 ROBBINS STATION RD STE 1

CITY/ST/ZIP: NORTH HUNTINGDON, PA 15642

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LUCAS OHL TITLE: PRES/DIR ADDRESS: 150 ROBBINS STATION RD STE 1 CITY/ST/ZIP/CO: NORTH HUNTINGDON, PA 15642		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MIRANDA OHL TITLE: VPRES/DIR ADDRESS: 150 ROBBINS STATION RD STE 1 CITY/ST/ZIP/CO: NORTH HUNTINGDON, PA 15642		

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/ LUCAS OHL	LUCAS OHL, PRES/DIR	6/10/2014
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.