

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215537742

1.) CORPORATION NAME:

**NORTHSTAR NETWORK INSURANCE AGENCY, INC.**

DUE DATE: **10/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX RD STE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1976804**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 100,000    |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1601 BAYSHORE HIGHWAY STE 360

CITY/ST/ZIP: BURLINGAME, CA 94010

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 type="checkbox"/> DIRECTOR |
| NAME:           | ALLAN FAROVICH       |   |                                   |
| TITLE:          | PRESIDENT            |   |                                   |
| ADDRESS:        | P O BOX 4127         |   |                                   |
| CITY/ST/ZIP/CO: | BURLINGAME, CA 94011 |   |                                   |

|                 |                     |   |                                   |
|-----------------|---------------------|---|-----------------------------------|
|                 |                     | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | CAROLINE BROWNSTONE |   |                                   |
| TITLE:          | VICE PRESIDENT      |   |                                   |
| ADDRESS:        | 466 PARROTT DR      |   |                                   |
| CITY/ST/ZIP/CO: | SAN MATEO, CA 94402 |   |                                   |

|                 |                      |   |                                   |
|-----------------|----------------------|---|-----------------------------------|
|                 |                      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | O'ROURKE KATIE       |   |                                   |
| TITLE:          | TREA                 |   |                                   |
| ADDRESS:        | P O BOX 4127         |   |                                   |
| CITY/ST/ZIP/CO: | BURLINGAME, CA 96011 |   |                                   |

|                 |                      |   |                                   |
|-----------------|----------------------|---|-----------------------------------|
|                 |                      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | ROBERTA STEINER      |   |                                   |
| TITLE:          | SECRE                |   |                                   |
| ADDRESS:        | 2 BAY LAUREL LANE    |   |                                   |
| CITY/ST/ZIP/CO: | SAN RAFAEL, CA 94903 |   |                                   |

|                 |                      |                                  |  |
|-----------------|----------------------|----------------------------------|--|
|                 |                      | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | LOUIS BROWNSTONE     |                                  |  |
| TITLE:          | DIRECTOR             |                                  |  |
| ADDRESS:        | P O BOX 4127         |                                  |  |
| CITY/ST/ZIP/CO: | BURLINGAME, CA 94011 |                                  |  |

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/ ALLAN FAROVICH                                  | ALLAN FAROVICH, PRESIDENT        | 10/14/2015 |
| 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.