

1.) CORPORATION NAME: <b>PSC INSURANCE MARKETING CORPORATION</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX RD STE 285          GLEN ALLEN, VA</b>	DUE DATE: <b>11/30/2015</b>  SCC ID NO: <b>F1978958</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>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>CA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6187 CARPINTERIA AVE

CITY/ST/ZIP: CARPINTERIA, CA 93013

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: JON ZIEHL TITLE: PRESIDENT ADDRESS: 6187 CARPINTERIA AVE CITY/ST/ZIP/CO: CARPINTERIA, CA 93013		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ALLYN CLOSE TITLE: VICE PRESIDENT ADDRESS: 6187 CARPINTERIA AVE CITY/ST/ZIP/CO: CARPINTERIA, CA 93013		

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/ ALLYN CLOSE	ALLYN CLOSE, VICE PRESIDENT	10/1/2015
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.