

1.) CORPORATION NAME: INDEPENDENT INSURANCE AGENTS OF WINCHESTER, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: KENNETH O. HAPPEL, JR. 728 SOUTH LOUDOUN STREET P.O. BOX 3470 WINCHESTER, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WINCHESTER CITY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 12/31/2015 SCC ID NO: 00952390 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> </table>	CLASS	AUTHORIZED
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 728 SOUTH LOUDOUN ST PO BOX 3470 CITY/ST/ZIP: WINCHESTER, VA 22604	
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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: HENRY A DEAN JR TITLE: PRESIDENT ADDRESS: 307 FAIRCHILD CIRCLE CITY/ST/ZIP/CO: STRASBURG, VA 22657	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: GREGORY HULVER TITLE: VICE PRESIDENT ADDRESS: 4078 BACK MOUNTAIN ROAD CITY/ST/ZIP/CO: WINCHESTER, VA 22602	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KENNETH O HAPPEL JR TITLE: S/T ADDRESS: 110 CALLOWAY STREET CITY/ST/ZIP/CO: STEPHENS CITY, VA 22655	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

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/ KENNETH O HAPPEL JR	KENNETH O HAPPEL JR, S/T	12/31/2015
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.