

1.) CORPORATION NAME: HANKS INSURANCE AGENCY, INC.	DUE DATE: 5/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SHIRLEY S. ALDERMAN 501 GLENDALE RD. GALAX, VA	SCC ID NO: 01529601
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: GRAYSON COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 501 GLENDALE RD CITY/ST/ZIP: GALAX, VA 24333	
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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: SHIRLEY ALDERMAN TITLE: P/T ADDRESS: 501 GLENDALE RD CITY/ST/ZIP/CO: GALAX, VA 24333	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RICKEY N STONE TITLE: 2ND VP ADDRESS: 501 GLENDALE ROAD CITY/ST/ZIP/CO: GALAX, VA 24333	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MELANIE ALDERMAN STONE TITLE: VICE PRESIDENT ADDRESS: 501 GLENDALE RD CITY/ST/ZIP/CO: GALAX, VA 24333	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: E ELWOOD ALDERMAN TITLE: SECRETARY ADDRESS: 501 GLENDALE RD CITY/ST/ZIP/CO: GALAX, VA 24333	<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/ SHIRLEY ALDERMAN	SHIRLEY ALDERMAN, P/T	4/19/2013
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.