

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214517737

1.) CORPORATION NAME:

HANKS INSURANCE AGENCY, INC.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SHIRLEY S. ALDERMAN
501 GLENDALE RD.
GALAX, VA**

SCC ID NO: **01529601**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

GRAYSON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 501 GLENDALE RD

CITY/ST/ZIP: GALAX, VA 24333

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:	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 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 checked="" type="checkbox"/> DIRECTOR
NAME:	E ELWOOD ALDERMAN	
TITLE:	SECRETARY	
ADDRESS:	501 GLENDALE RD	
CITY/ST/ZIP/CO:	GALAX, VA 24333	

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	4/2/2014
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.