

SCC eFile

**2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

215516646

1.) CORPORATION NAME:

**ETZ INSURANCE AGENCY, INC.**

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**J DONALD ETZ  
112 S PROVIDENCE RD STE 106  
PO BOX 35022**

SCC ID NO: **01838697**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**CHESTERFIELD COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 112 S. PROVIDENCE RD SUITE 106

CITY/ST/ZIP: NORTH CHESTERFIELD, VA 23236

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: J DONALD ETZ  
 TITLE: P/T  
 ADDRESS: PO BOX 35022  
 CITY/ST/ZIP/CO: RICHMOND, VA 23235

OFFICER

DIRECTOR

NAME: WENDY M ETZ  
 TITLE: SECRETARY  
 ADDRESS: POB 35022  
 CITY/ST/ZIP/CO: RICHMOND, VA 23235

OFFICER

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/ J DONALD ETZ

J DONALD ETZ, P/T

4/29/2015

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.