

1.) CORPORATION NAME: ETZ INSURANCE AGENCY, INC.	DUE DATE: 4/30/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: J DONALD ETZ 112 S PROVIDENCE RD STE 106 PO BOX 35022 RICHMOND, VA	SCC ID NO: 01838697				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHESTERFIELD COUNTY	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>50,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50,000
CLASS	AUTHORIZED				
COMMON	50,000				
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	
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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: J DONALD ETZ TITLE: P/T ADDRESS: PO BOX 35022 CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: WENDY M ETZ TITLE: SECRETARY ADDRESS: POB 35022 CITY/ST/ZIP/CO: RICHMOND, VA 23235	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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	4/28/2016
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.