

1.) CORPORATION NAME: <b>VILLAGE INSURANCE AGENCY, INC.</b>	DUE DATE: <b>2/28/2015</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>C. HARRIL WHITEHURST JR. 13319 MIDLOTHIAN TURNPIKE MIDLOTHIAN, VA</b>	SCC ID NO: <b>02140655</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>CHESTERFIELD COUNTY</b>	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: <b>VA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 330  
13319 MIDLOTHIAN TURNPIKE

CITY/ST/ZIP: MIDLOTHIAN, VA 23113

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: THOMAS W WINFREE	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRES/CHRMN				
ADDRESS: 15521 MIDLOTHIAN TRNPK., STE 200				
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113				

NAME: C. HARRIL WHITHURST JR.	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: VP/S/T				
ADDRESS: P O BOX 330				
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113				

NAME: DONALD J BALZER JR	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: P O BOX 330				
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113				

NAME: CRAIG D BELL	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: P O BOX 330				
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113				

NAME: GEORGE R WHITEMORE	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: DIRECTOR				
ADDRESS: POB 330				
CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113				

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/ C. HARRIL WHITHURST JR.	C. HARRIL WHITHURST JR.,	3/13/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP/S/T 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.