

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214558105				
1.) CORPORATION NAME: WILHELM INSURANCE AGENCY, INC.		DUE DATE: 7/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: TIMOTHY RAY WILHELM 214 WATERLOO DR LEXINGTON, VA		SCC ID NO: 03960804				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROCKBRIDGE COUNTY		5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	500
CLASS	AUTHORIZED					
COMMON	500					
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 214 WATERLOO DRIVE P O BOX 1546 CITY/ST/ZIP: LEXINGTON, VA 24450						
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: TIMOTHY R WILHELM TITLE: PRESIDENT ADDRESS: 214 WATERLOO DR POB 1546 CITY/ST/ZIP/CO: LEXINGTON, VA 24450	<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.						
<u>/s/ TIMOTHY R WILHELM</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>TIMOTHY R WILHELM, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>4/28/2015</u> 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.						