

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214546050				
1.) CORPORATION NAME: DAVID MARTIN INSURANCE AGENCY, INC.		DUE DATE: 11/30/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DAVID W MARTIN 800 E MAIN ST STE 120 WYTHEVILLE, VA		SCC ID NO: 04562039				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WYTHE 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>500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	500
CLASS	AUTHORIZED					
COMMON	500					
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 800 E MAIN STREET SUITE 120 CITY/ST/ZIP: WYTHEVILLE, VA 24382						
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: DAVID W. MARTIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: PRESIDENT						
ADDRESS: 190 BROOKHAVEN DR						
CITY/ST/ZIP/CO: WYTHEVILLE, VA 24382						
NAME: JULIE A. MARTIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
TITLE: S/T						
ADDRESS: 190 BROOKHAVEN DR						
CITY/ST/ZIP/CO: WYTHEVILLE, VA 24382						
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/ JULIE A. MARTIN	JULIE A. MARTIN, S/T	10/8/2014				
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.						