

SCC eFile

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

215543266

1.) CORPORATION NAME:

DARYL L. HINES INSURANCE AGENCY, INC.

DUE DATE: **11/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DARYL L HINES
4448 PORTSMOUTH BLVD STE 100
CHESAPEAKE, VA**

SCC ID NO: **04937660**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESAPEAKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1541 CRYSTAL LAKE DRIVE

CITY/ST/ZIP: PORTSMOUTH, VA 23701

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DARYL L HINES		
TITLE:	P/T/VP/S		
ADDRESS:	1541 CRYSTAL LAKE DRIVE		
CITY/ST/ZIP/CO:	PORTSMOUTH, VA 23701		

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/ DARYL L HINES

DARYL L HINES, P/T/VP/S

11/30/2015

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.