

1.) CORPORATION NAME: <b>CROUCH INSURANCE SERVICES, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>DONALD R CROUCH          1194 JEFFERSON DR W          FOREST, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>BEDFORD COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>7/31/2014</b> SCC ID NO: <b>05058185</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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1194 JEFFERSON DRIVE W

CITY/ST/ZIP: FOREST, VA 24551

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: DONALD R CROUCH TITLE: PRESIDENT ADDRESS: 1194 JEFFERSON DRIVE W CITY/ST/ZIP/CO: FOREST, VA 24551		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SUSAN LYNN CROUCH TITLE: VICE PRESIDENT ADDRESS: 1194 JEFFERSON DRIVE W CITY/ST/ZIP/CO: FOREST, VA 24551		

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/ DONALD R CROUCH	DONALD R CROUCH, PRESIDENT	7/26/2014
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.