

1.) CORPORATION NAME: J. T. DAVIS INSURANCE AGENCY, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: J T DAVIS 1110 INDIAN JIM TRAIL NATHALIE, VA 24577	DUE DATE: 1/31/2013 SCC ID NO: 05145867 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>250</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	250
CLASS	AUTHORIZED				
COMMON	250				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HALIFAX COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 1101 INDIAN JIM TRIAL CITY/ST/ZIP: NATHALIE, VA 24577
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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: DELORES R. DAVIS TITLE: S/T ADDRESS: 1110 INDIAN JIM TRAIL CITY/ST/ZIP/CO: NATHALIE, VA 24577	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOHN T. DAVIS TITLE: DIRECTOR ADDRESS: 1110 INDIAN JIM TRAIL CITY/ST/ZIP/CO: NATHALIE;, VA 24577	<input 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.

/s/ DELORES R. DAVIS	DELORES R. DAVIS, S/T	1/31/2013
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.