

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213516512

1.) CORPORATION NAME:

PAMELA SEXTON INSURANCE AGENCY INCORPORATED

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**PAMELA F SEXTON
RTE 7 HGWY 460 W
PO BOX 100**

SCC ID NO: **05202320**

5.) STOCK INFORMATION

| | |
|-------|------------|
| CLASS | AUTHORIZED |
|-------|------------|

N TAZEWELL, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

TAZEWELL COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 29587 GOV GC PEERY HWY
PO BOX 100

CITY/ST/ZIP: N TAZEWELL, VA 24630

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: | PAMELA SEXTON | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 456 APPLEWOOD LANE | | |
| CITY/ST/ZIP/CO: | TAZEWELL, VA 24651 | | |

| | | | |
|-----------------|--------------------|---|-----------------------------------|
| NAME: | WILLIAM SEXTON | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | S/T | | |
| ADDRESS: | 456 APPLEWOOD LANE | | |
| CITY/ST/ZIP/CO: | TAZEWELL, VA 24651 | | |

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/ PAMELA SEXTON | PAMELA SEXTON, PRESIDENT | 4/3/2013 |
| 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.