

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215527924

1.) CORPORATION NAME:

WYTHE TITLE INSURANCE, INC.

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHARLES C LACY
570 W MAIN ST
PO BOX 120**

SCC ID NO: **05582127**

WYTHEVILLE, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMM	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

WYTHE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 570 W MAIN STREET
PO BOX 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: CHARLES C LACY
TITLE: P/T
ADDRESS: 570 W MAIN STREET
PO BOX 120
CITY/ST/ZIP/CO: WYTHEVILLE, VA 24382

OFFICER

DIRECTOR

NAME: ROBERT A CAMPBELL
TITLE: VP/S
ADDRESS: 570 W MAIN STREET
PO BOX 120
CITY/ST/ZIP/CO: WYTHEVILLE, VA 24382

OFFICER

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/ CHARLES C LACY

CHARLES C LACY, P/T

7/27/2015

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.