

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214538728				
1.) CORPORATION NAME: Insurance Administrators Incorporated		DUE DATE: 7/31/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: MICHAEL J WILSON 306 LAKE CAROLINE DRIVE RUTHER GLEN, VA		SCC ID NO: 05625165				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CAROLINE COUNTY		5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: VA		<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>PREFER</td> <td>25,000</td> </tr> </table>	CLASS	AUTHORIZED	PREFER	25,000
CLASS	AUTHORIZED					
PREFER	25,000					
6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: PO BOX 571						
CITY/ST/ZIP: LADYSMITH, VA 22501						
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: MICHAEL J WILSON TITLE: PRESIDENT ADDRESS: 306 LAKE CAROLINE DRIVE CITY/ST/ZIP/CO: RUTHER GLEN, VA 22546		<input checked="" 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/ MICHAEL J WILSON	MICHAEL J WILSON, PRESIDENT	8/7/2014				
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.						