

1.) CORPORATION NAME:

COOPER INSURANCE AGENCY, INC.

DUE DATE: **12/30/2010**

SCC ID NO: **06697866**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
SANDRA C BANE
97A MAIN ST
SOUTH BOSTON, VA 24592**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HALIFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 97A MAIN STREET

CITY/ST/ZIP: SOUTH BOSTON, VA 24592-

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: SANDRA C BANE
TITLE: PRESIDENT
ADDRESS: 97A MAIN STREET
CITY/ST/ZIP/CO: SOUTH BOSTON, VA 24592-

OFFICER

DIRECTOR

NAME: CHARLES E BANE
TITLE: VICE PRESIDENT
ADDRESS: 97A MAIN ST
CITY/ST/ZIP/CO: SOUTH BOSTON, VA 24592-

OFFICER

DIRECTOR

NAME: SANDRA COOPER BANE
TITLE: DIRECTOR
ADDRESS: 97-A MAIN ST
CITY/ST/ZIP/CO: SOUTH BOSTON, VA 24592-

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/ SANDRA C BANE

SANDRA C BANE, PRESIDENT

11/12/2010

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.