

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214538729				
1.) CORPORATION NAME: Insurance Administrators II INC.		DUE DATE: 9/30/2014				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ABBEY L FLYNT 646 LOUISA FARMS LANE BUMPASS, VA		SCC ID NO: 07143076				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: LOUISA 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>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED					
COMMON	100					
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 646 LOUISA FARMS LANE CITY/ST/ZIP: BUMPASS, VA 23024						
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: ABBEY L FLYNT TITLE: OFFCR/DIR ADDRESS: 646 LOUISA FARMS LANE CITY/ST/ZIP/CO: BUMPASS, VA 23024		<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/ ABBEY L FLYNT	ABBEY L FLYNT, OFFCR/DIR	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.						