

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215534187

1.) CORPORATION NAME:

Robertson Insurance Associates, Inc.

DUE DATE: **9/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHARLES R ROBERTSON
14535 JOHN MARSHALL HWY
SUITE 104**

SCC ID NO: **07412182**

GAINESVILLE, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14535 JOHN MARSHALL HWY.
STE 104

CITY/ST/ZIP: GAINESVILLE, VA 20155

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 R ROBERTSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/PRES		
ADDRESS:	14535 JOHN MNARSHALL HWY #104		
CITY/ST/ZIP/CO:	GAINESVILLE, VA 20155		

NAME:	RHONDA C ROBERTSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14535 JOHN MARSHALL HWY #104		
CITY/ST/ZIP/CO:	GAINESVILLE, VA 20155		

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.

<u>/s/ CHARLES R ROBERTSON</u>	<u>CHARLES R ROBERTSON,</u>	<u>9/18/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIR/PRES 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.