

<b>SCC eFile</b>	<b>2016 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>216508333</b>				
1.) CORPORATION NAME: <span style="float: right;">DUE DATE: <b>1/31/2016</b></span> <b>Blue Ridge Claims Service, Inc.</b>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>BOBBY TODD NORMAN</b> <b>210 PRUITT DRIVE</b> <b>FIELDALE, VA</b>		<span style="float: right;">SCC ID NO: <b>07729080</b></span>  5.) STOCK INFORMATION <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>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED					
COMMON	10,000					
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRY COUNTY</b>						
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 210 PRUITT DRIVE  CITY/ST/ZIP: FIELDALE, VA 24089						
7.) DIRECTORS AND PRINCIPAL OFFICERS: <span style="float: right;">All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</span>						
NAME: BOBBY TODD NORMAN TITLE: DIRECTOR ADDRESS: 210 PRUITT DRIVE CITY/ST/ZIP/CO: FIELDALE, VA 24089		<input 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/ BOBBY TODD NORMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BOBBY TODD NORMAN, DIRECTOR PRINTED NAME AND CORPORATE TITLE	3/3/2016 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.						