

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213547063

1.) CORPORATION NAME:

ARROWHEAD GENERAL INSURANCE AGENCY, INC.

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1157959**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	25,000
COMNV	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 701 B STREET
STE 2100

CITY/ST/ZIP: SAN DIEGO, CA 92101

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:	LAUREL L GRAMMIG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & SECRETARY		
ADDRESS:	655 N FRANKLIN ST STE 1900		
CITY/ST/ZIP/CO:	TAMPA, FL 33602		

NAME:	CORY T WALKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	220 S RIDGEWOOD AVE		
CITY/ST/ZIP/CO:	DAYTONA BEACH, FL 32114		

NAME:	CHRIS L WALKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	701 B STREET STE 2100		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92101		

NAME:	ROBERT K SCHRANER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP		
ADDRESS:	701 B ST STE 2100		
CITY/ST/ZIP/CO:	SAN DIEGO, CA 92101		

NAME:	Toshio Christopher Uchida	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	701 B Street, Ste. 2100		
CITY/ST/ZIP/CO:	San Diego, CA 92101		

NAME:	Steve Bouker	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	701 B Street, Ste. 2100		
CITY/ST/ZIP/CO:	San Diego, CA 92101		

NAME: Christine Laurino TITLE: VICE PRESIDENT ADDRESS: 701 B Street, Ste. 2100 CITY/ST/ZIP/CO: San Diego, CA 92101	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Lisa Stahl TITLE: VICE PRESIDENT ADDRESS: 701 B Street, Ste. 2100 CITY/ST/ZIP/CO: San Diego, CA 92101	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ LAUREL L GRAMMIG SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAUREL L GRAMMIG, VP & SECRETARY PRINTED NAME AND CORPORATE TITLE	10/10/2013 DATE
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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.