

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213544228

1.) CORPORATION NAME:

KPD INSURANCE, INC.

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**THOMAS B DAVIDSON JR
701 EAST FRANKLIN ST STE 1200
RICHMOND, VA**

SCC ID NO: **F1440223**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

OR

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1111 GATEWAY LOOP

CITY/ST/ZIP: SPRINGFIELD, OR 97477

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES R GINGER		
TITLE:	PRESIDENT		
ADDRESS:	POB 29		
CITY/ST/ZIP/CO:	SPRINGFIELD, OR 97477		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN MELVIN		
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 29		
CITY/ST/ZIP/CO:	SPRINGFIELD, OR 97477		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOE E COUEY		
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 29		
CITY/ST/ZIP/CO:	SPRINGFIELD, OR 97477		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MATTHEW C STOPHER		
TITLE:	VICE PRESIDENT		
ADDRESS:	PO BOX 29		
CITY/ST/ZIP/CO:	SPRINGFIELD, OR 97477		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	G ROBERT WEEKS		
TITLE:	S/T		
ADDRESS:	PO BOX 29		
CITY/ST/ZIP/CO:	SPRINGFIELD, OR 97477		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Kyle P Hudson		
TITLE:	VICE PRESIDENT		
ADDRESS:	PO Box 29		
CITY/ST/ZIP/CO:	Springfield, OR 97477		

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/ JAMES R GINGER	JAMES R GINGER, PRESIDENT	9/23/2013
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.		