

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215530889

1.) CORPORATION NAME:

**LOWE-TILLSON INSURANCE & ASSOCIATES, INC.**

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**GENE SCHLEPPENBACH  
MILES & STOCKBRIDGE P.C.  
1751 PINNACLE DRIVE, SUITE 1500**

SCC ID NO: **F1477902**

**MCLEAN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	5,000
COMNV	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2403 RESEARCH BOULEVARD  
SUITE 350

CITY/ST/ZIP: ROCKVILLE, MD 20850

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:	HARRY W LOWE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	7036 TRAVELERS REST CIRC		
CITY/ST/ZIP/CO:	EASTON, MD 21601		

NAME:	CAROL A BROGAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3320 GOV. HOWARD DRIVE		
CITY/ST/ZIP/CO:	ELLCOTT CITY, MD 21043		

NAME:	PATRICIA H LOWE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7036 TRAVLERS REST CIRC		
CITY/ST/ZIP/CO:	EASTON, MD 21601		

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/ PATRICIA H LOWE	PATRICIA H LOWE, DIRECTOR	8/20/2015
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.