

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213552925

1.) CORPORATION NAME:

**LEMME INSURANCE AGENCY, INC. (USED IN VA**

**BY:LEMME INSURANCE GROUP, INC.)**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM**

**4701 COX RD**

**GLEN ALLEN, VA 23060**

DUE DATE: **1/31/2013**

SCC ID NO: **F1535659**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 111 West Campbell Street  
4th Floor

CITY/ST/ZIP: Arlington Heights, IL 60005

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:	John J. Moroney		
TITLE:	PRESIDENT		
ADDRESS:	111 West Campbell Street		
	4th Floor		
CITY/ST/ZIP/CO:	Arlington Heights, IL 60005		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	George M. Wood		
TITLE:	SECRETARY		
ADDRESS:	111 West Campbell Street		
	4th Floor		
CITY/ST/ZIP/CO:	Arlington Heights, IL 60005		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Mario Lemme		
TITLE:	TREASURER		
ADDRESS:	111 West Campbell Street		
	4th Floor		
CITY/ST/ZIP/CO:	Arlington Heights, IL 60005		

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/ George M.Wood

George M.Wood,

12/31/2012

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.