

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212550746		
1.) CORPORATION NAME: INTERMARKET INSURANCE AGENCY INC.		DUE DATE: 11/30/2012		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES, INC. 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA		SCC ID NO: F1567603		
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY		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> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
4.) STATE OR COUNTRY OF INCORPORATION: NY				
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 205 E MAIN ST STE 3-4 CITY/ST/ZIP: HUNTINGTON, NY 11743				
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: ANTHONY GIACCONE TITLE: PRESIDENT ADDRESS: 205 E MAIN ST STE 3-4 CITY/ST/ZIP/CO: HUNTINGTON, NY 11743	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: JEANNE GIACCONE TITLE: VP/S ADDRESS: 205 E MAIN ST STE 3-4 CITY/ST/ZIP/CO: HUNTINGTON, NY 11743	<input checked="" 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.				
<u>/s/ ANTHONY GIACCONE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>ANTHONY GIACCONE, PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>3/22/2013</u> 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.				