

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214520971				
1.) CORPORATION NAME: <b>INSURANCE LINK INC.</b>		DUE DATE: <b>4/30/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>FAMILY INSURANCE AGENCY CORP.          6373 LITTLE RIVE TPKE          SECOND FLOOR           ALEXANDRIA, VA</b>		SCC ID NO: <b>F1665555</b>  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> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX CITY (FILED IN FAIRFAX COUNTY)</b>						
4.) STATE OR COUNTRY OF INCORPORATION: <b>MD</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 6300 KENILWORTH AVE STE 3  CITY/ST/ZIP: RIVERDALE, MD 20737						
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: ANABEL PEREZ TITLE: OFF/DIR ADDRESS: 6300 KENILWORTH AVE STE 3 CITY/ST/ZIP/CO: RIVERDALE, MD 20737	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
NAME: WILLIAM BERMUDEZ TITLE: OFFICER ADDRESS: 6300 kenilworth ave ste 3 CITY/ST/ZIP/CO: riverdale, MD 20737	<input checked="" type="checkbox"/> OFFICER	<input 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.						
/s/ ANABEL PEREZ	ANABEL PEREZ, OFF/DIR	4/22/2014				
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.						