

SCC eFile

**2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

216510593

1.) CORPORATION NAME:

COVER ME INSURANCE AGENCY OF N.J., INC.

DUE DATE: **5/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1668906**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 610-618 W ST GEORGES AVENUE

CITY/ST/ZIP: LINDEN, NJ 07036

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: MICHAEL J POLLER
 TITLE: PRESIDENT
 ADDRESS: 610-618 W ST GEORGES AVENUE
 CITY/ST/ZIP/CO: LINDEN, NJ 07036

OFFICER

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/ MICHAEL J POLLER

MICHAEL J POLLER, PRESIDENT

3/23/2016

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.