

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215525762
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1.) CORPORATION NAME: InPro Insurance Agency, Inc.	DUE DATE: 7/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BUSINESS FILINGS INCORPORATED 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1674797				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>50,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50,000
CLASS	AUTHORIZED				
COMMON	50,000				
4.) STATE OR COUNTRY OF INCORPORATION: MI					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 2095 E BIG BEAVER RD STE 100 CITY/ST/ZIP: TROY, MI 48083	
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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: DAVID W GOODMAN		
TITLE: PRESIDENT		
ADDRESS: 2095 E BIG BEAVER RD STE 100		
CITY/ST/ZIP/CO: TROY, MI 48083		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM M GOODMAN		
TITLE: DIRECTOR		
ADDRESS: 2095 E BIG BEAVER RD STE 100		
CITY/ST/ZIP/CO: TROY, MI 48083		

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/ DAVID W GOODMAN	DAVID W GOODMAN, PRESIDENT	7/7/2015
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.