

1.) CORPORATION NAME:

INTER-AMERICAS INSURANCE AGENCY INC. (USED IN VABY: INTER-AMERICAS INSURANCE CORPORATION, INC.)

DUE DATE: **7/31/2014**

SCC ID NO: **F1676214**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.
250 BROWNS HILL COURT
MIDLOTHIAN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

KS

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1035 S 183RD ST WEST

CITY/ST/ZIP: GODDARD, KS 67052

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: BRUCE F WELNER TITLE: PRESIDENT ADDRESS: 1035 S 183RD ST WEST CITY/ST/ZIP/CO: GODDARD, KS 67052	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SHERRI LYNN FOUTS TITLE: VP/DIR ADDRESS: 1035 S 183RD ST W CITY/ST/ZIP/CO: GODDARD, KS 67052	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: RONALD K HAWKINS TITLE: EVP ADDRESS: 1035 S 183RD ST WEST CITY/ST/ZIP/CO: GODDARD, KS 67052	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NORMA J HAWKINS TITLE: CHAIRMAN ADDRESS: 1035 S 183RD ST W CITY/ST/ZIP/CO: GODDARD, KS 67052	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT CARRIKER TITLE: DIRECTOR ADDRESS: 4935 N PORTWEST CIRCLE CITY/ST/ZIP/CO: WICHITA, KS 67204-2362	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ARTHUR DUMMER TITLE: DIRECTOR ADDRESS: 2058 E OAK MANOR DRIVE CITY/ST/ZIP/CO: SANDY, UT 84092	<input 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/ BRUCE F WELNER</u>	<u>BRUCE F WELNER, PRESIDENT</u>	<u>7/30/2014</u>
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.