

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216501575
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1.) CORPORATION NAME: InsMed INSURANCE AGENCY, INC.	DUE DATE: 1/31/2016				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BUSINESS FILINGS INCORPORATED 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1693623				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO 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> <tr> <td>PREFER</td> <td>200</td> </tr> </table>	CLASS	AUTHORIZED	PREFER	200
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4.) STATE OR COUNTRY OF INCORPORATION: NY					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 111 BROOK STREET
3RD FLOOR

CITY/ST/ZIP: SCARSDALE, NY 10583

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 BLAKE TITLE: PRES TREAS SEC ADDRESS: 111 BROOK STREET 3RD FL CITY/ST/ZIP/CO: SCARSDALE, NY 10583		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MORTEN SORENSEN TITLE: VICE PRESIDENT ADDRESS: 111 BROOK STREET 3RD FL CITY/ST/ZIP/CO: SCARSDALE, NY 10583		

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 BLAKE	DAVID BLAKE, PRES TREAS SEC	1/5/2016
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.