

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212506467

1.) CORPORATION NAME:

Buschbach Insurance Agency, Inc.

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

**RICHARD L DERRICO
PROFESSIONAL ARTS BLDG STE 200
30 FRANKLIN RD SW**

SCC ID NO: **F1701392**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

ROANOKE, VA 24011-2411

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5615 W 95TH ST

CITY/ST/ZIP: OAK LAWN, IL 60453-

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:	JOAN BUSCHBACH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/D		
ADDRESS:	5615 W 95TH ST		
CITY/ST/ZIP/CO:	OAK LAWN, IL 60453-		
NAME:	JAMES W BUSCHBACH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/D		
ADDRESS:	5615 W 95TH ST		
CITY/ST/ZIP/CO:	OAK LAWN, IL 60453-		
NAME:	GLENN M HORTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/D		
ADDRESS:	10320 ORLAND PKWY		
CITY/ST/ZIP/CO:	ORLAND_PARK, IL 60467-		
NAME:	JAMES E FARMER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREA		
ADDRESS:	10320 ORLAND PKWY		
CITY/ST/ZIP/CO:	ORLAND PARK, IL 60467-		
NAME:	JAMES A BUSCHBACH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHMN/D		
ADDRESS:	5615 W 95TH ST		
CITY/ST/ZIP/CO:	OAK LAWN, IL 60453-		

NAME: KEVIN PALMER TITLE: VICE PRESIDENT ADDRESS: 10320 ORLAND PARKWAY CITY/ST/ZIP/CO: ORLAND PARK, IL 60467-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: GEORGE DALY TITLE: SECRETARY ADDRESS: 10320 ORLAND PARKWAY CITY/ST/ZIP/CO: ORLAND PARK, IL 60467-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: FRANK POPPIE TITLE: DIRECTOR ADDRESS: 10320 ORLAND PARKWAY CITY/ST/ZIP/CO: ORLAND PARK, IL 60467-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: CHARLES NASO TITLE: DIRECTOR ADDRESS: 10320 ORLAND PARKWAY CITY/ST/ZIP/CO: ORLAND PARK, IL 60467-	<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/ KEVIN PALMER</u>	<u>KEVIN PALMER, VICE PRESIDENT</u>	<u>2/23/2012</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.