

1.) CORPORATION NAME:

INSURANCE MARKETING AGENCIES, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

INCorp SERVICES INC

7288 HANOVER GREEN DR

MECHANICSVILLE, VA 23111

DUE DATE: **6/30/2011**

SCC ID NO: **F1712605**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	7,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7288 HANOVER GREEN DRIVE

CITY/ST/ZIP: MECHANICSVILLE, VA 23111-

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: PETER H. HERMAN
TITLE: PRESIDENT
ADDRESS: 306 MAIN STREET
CITY/ST/ZIP/CO: WORCESTER, MA 01608-

OFFICER

DIRECTOR

NAME: KENNETH W. EDDY
TITLE: VICE PRESIDENT
ADDRESS: 306 MAIN STREET
CITY/ST/ZIP/CO: WORCESTER, MA 01608-

OFFICER

DIRECTOR

NAME: LAURA BETH HERMAN
TITLE: CEO/TREAS
ADDRESS: 306 MAIN STREET
CITY/ST/ZIP/CO: WORCESTER, MA 01608-

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/ PETER H. HERMAN

PETER H. HERMAN, PRESIDENT

5/3/2011

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.