

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215509263				
1.) CORPORATION NAME: Leisman Insurance Agency, Inc.		DUE DATE: 1/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA		SCC ID NO: F1733379				
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>COMMON</td> <td>15,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	15,000
CLASS	AUTHORIZED					
COMMON	15,000					
4.) STATE OR COUNTRY OF INCORPORATION: MA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 800 SOUTH ST STE 650 CITY/ST/ZIP: WALTHAM, MA 02453						
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: WILLIAM F LEISMAN III TITLE: PRESIDENT ADDRESS: 800 SOUTH ST STE 650 CITY/ST/ZIP/CO: WALTHAM, MA 02453		<input checked="" 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.						
/s/ WILLIAM F LEISMAN III SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM F LEISMAN III, PRESIDENT PRINTED NAME AND CORPORATE TITLE	3/11/2015 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.						