

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213505274

1.) CORPORATION NAME:

**STRATE INSURANCE GROUP AGENCY, INC. (USED IN VABY: STRATE INSURANCE GROUP, INC.)**

DUE DATE: **1/31/2013**

SCC ID NO: **F1733569**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN V ROBINSON  
7102 THREE CHOPT RD  
RICHMOND, VA 23226**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TN**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1750 WEST ANDREW JOHNSON HWY

CITY/ST/ZIP: MORRISTOWN, TN 37814

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:	THOMAS M STRATE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/DTR		
ADDRESS:	1750 WEST ANDREW JOHNSON HWY		
CITY/ST/ZIP/CO:	MORRISTOWN, TN 37814		

NAME:	KELLE M STRATE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/DTR		
ADDRESS:	1750 WEST ANDREW JOHNSON HWY		
CITY/ST/ZIP/CO:	MORRISTOWN, TX 37814		

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/ THOMAS M STRATE	THOMAS M STRATE, PRES/DTR	1/31/2013
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.