

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214512137				
1.) CORPORATION NAME: <b>THE INSURANCE CENTER OF DURHAM, INC.</b>		DUE DATE: <b>4/30/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>KEVIN D TILLER 107 E MAIN STREET PO BOX 466  LEBANON, VA</b>		SCC ID NO: <b>F1743444</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RUSSELL COUNTY</b>		5.) STOCK INFORMATION				
4.) STATE OR COUNTRY OF INCORPORATION: <b>NC</b>		<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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
6.) PRINCIPAL OFFICE ADDRESS:						
ADDRESS: 1920 FRONT ST, STE 710 CITY/ST/ZIP: DURHAM, NC 27705						
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: BRETT ALLAN ROBERTS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: PRESIDENT						
ADDRESS: 1920 FRONT ST SUITE 710						
CITY/ST/ZIP/CO: DURHAM, NC 27705						
NAME: CODRUTA E ROBERTS	<input type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
TITLE: SECRETARY						
ADDRESS: 1920 FRONT STREET SUITE710						
CITY/ST/ZIP/CO: DURHAM, NC 27705						
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/ BRETT ALLAN ROBERTS	BRETT ALLAN ROBERTS,	3/5/2014				
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT 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.						