

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215513987
------------------	---	-----------

1.) CORPORATION NAME: Tidewater Insurance Associates, Inc.	DUE DATE: 6/30/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CLYDE R CHRISTOFFERSON 11491 SUNSET HILLS RD STE 340 RESTON, VA	SCC ID NO: F1754656				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX 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>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
4.) STATE OR COUNTRY OF INCORPORATION: MD					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 856 ELKRIDGE LANDING ROAD CITY/ST/ZIP: LINTHICUM, MD 21090	
---	--

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN TIMOTHY REID TITLE: PRES TREAS ADDRESS: 856 ELKRIDGE LANDING ROAD CITY/ST/ZIP/CO: LINTHICUM, MD 21090		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: THOMAS C LOWE TITLE: VP SECT ADDRESS: 856 ELKRIDGE LANDING RD CITY/ST/ZIP/CO: LINTHICUM, MD 21090		

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/ JOHN TIMOTHY REID	JOHN TIMOTHY REID, PRES TREAS	4/14/2015
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.