

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214503938

1.) CORPORATION NAME:

COLLECTOR'S INSURANCE AGENCY, INCORPORATED

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1782491**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4040 WEST 70TH STREET

CITY/ST/ZIP: EDINA, MN 55435

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 type="checkbox"/> DIRECTOR
NAME:	LESLIE BENDER		
TITLE:	PRESIDENT		
ADDRESS:	4040 WEST 70TH STREET		
CITY/ST/ZIP/CO:	EDINA, MN 55435		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JANIS ST. MARTIN		
TITLE:	VICE PRESIDENT		
ADDRESS:	4040 WEST 70TH STREET		
CITY/ST/ZIP/CO:	EDINA, MN 55435		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	TIMOTHY MABRY		
TITLE:	DIRECTOR		
ADDRESS:	4040 WEST 70TH STREET		
CITY/ST/ZIP/CO:	EDINA, MN 55435		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PATRICK MORRIS		
TITLE:	CEO		
ADDRESS:	4040 WEST 70TH STREET		
CITY/ST/ZIP/CO:	EDINA, MN 55435		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Richard Perr		
TITLE:	TREASURER		
ADDRESS:	4040 WEST 70TH STREET		
CITY/ST/ZIP/CO:	EDINA, MN 55435		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DEBRA CISKEY		
TITLE:	DIRECTOR		
ADDRESS:	4040 WEST 70TH STREET		
CITY/ST/ZIP/CO:	EDINA, MN 55435		

NAME: Julie Brooks TITLE: SECRETARY ADDRESS: 4040 West 70th Street CITY/ST/ZIP/CO: Edina, MN 55435	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ Julie Brooks	Julie Brooks, SECRETARY	1/15/2014
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.