

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211518128

1.) CORPORATION NAME:

Insurance Overload Services, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
NATIONAL REGISTERED AGENTS INC
4001 North Ninth Street, Suite 227
ARLINGTON, VA 22203**

DUE DATE: **9/30/2011**

SCC ID NO: **F1836156**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 160 BROADWAY
15TH FLOOR

CITY/ST/ZIP: NEW YORK, NY 10038-

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:	JOHN MESSINA			
TITLE:	DIR			
ADDRESS:	160 BROADWAY 15TH FL			
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JAY H SCHECTER			
TITLE:	SECRETARY			
ADDRESS:	160 BROADWAY 15TH FL			
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ROBERT CASSERA			
TITLE:	DIRECTOR			
ADDRESS:	160 BROADWAY 15TH FL			
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-			

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/ JAY H SCHECTER	JAY H SCHECTER, SECRETARY	8/15/2011
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.