

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212532642

1.) CORPORATION NAME:

Insurance Overload Services, Inc.

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1836156**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO 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.

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

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

NAME:	ROBERT CASSERA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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.

<u>/s/ JAY H SCHECTER</u>	<u>JAY H SCHECTER, SECRETARY</u>	<u>8/27/2012</u>
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.