

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212509587

1.) CORPORATION NAME:

Concorde Insurance Agency, Inc.

DUE DATE: **4/30/2012**

SCC ID NO: **F1856337**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1120 E. LONG LAKE ROAD
SUITE 100

CITY/ST/ZIP: TROY, MI 48085-

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 H. GAKENHEIMER	
TITLE:	PRESIDENT	
ADDRESS:	1120 E. LONG LAKE ROAD SUITE 100	
CITY/ST/ZIP/CO:	TROY, MI 48085-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NICOLE WOOLSON	
TITLE:	SEC./TREAS.	
ADDRESS:	1120 E. LONG LAKE ROAD, SUITE 100	
CITY/ST/ZIP/CO:	TROY, MI 48085-	

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/ NICOLE WOOLSON</u>	<u>NICOLE WOOLSON, SEC./TREAS.</u>	<u>3/19/2012</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.