

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215523820				
1.) CORPORATION NAME: INSURANCE MASTERS, INC.		DUE DATE: 5/31/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PAUL D ECONOMON 4000 LEGATO RD STE 1100 FAIRFAX, VA		SCC ID NO: F1897281				
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>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED					
COMMON	10,000					
4.) STATE OR COUNTRY OF INCORPORATION: MD						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 5388 DUNTEACHIN DRIVE CITY/ST/ZIP: ELLICOTT CITY,, MD 21043						
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: LESLIE BERMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: PRESIDENT						
ADDRESS: 505 HARBORVIEW DRIVE						
CITY/ST/ZIP/CO: BALTIMORE, MD 21230						
NAME: MICHAEL BERMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR				
TITLE: SECRY TREASURER						
ADDRESS: 5388 DUNTEACHIN DRIVE						
CITY/ST/ZIP/CO: ELLICOTT CITY, MD 21043						
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/ LESLIE BERMAN	LESLIE BERMAN, PRESIDENT	6/23/2015				
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.						