

SCC eFile	2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	216510134
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1.) CORPORATION NAME: BOWERS INSURANCE AGENCY, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES INC 7288 HANOVER GREEN DR MECHANICVILLE, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: OH	DUE DATE: 4/30/2016 SCC ID NO: F1961038 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>80,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	80,000
CLASS	AUTHORIZED				
COMMON	80,000				

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 339 N HIGH ST CITY/ST/ZIP: CORTLAND, OH 44410
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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: P BENNETT BOWERS TITLE: PRES/DIR ADDRESS: 339 N HIGH ST CITY/ST/ZIP/CO: COURTLAND, OH 44410	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: GENE A FRANCISCO TITLE: VP/DIR ADDRESS: 339 N HIGH ST CITY/ST/ZIP/CO: COURTLAND, OH 44410	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MATTHEW S PARISE TITLE: SEC/DIR ADDRESS: 339 N HIGH ST CITY/ST/ZIP/CO: COURTLAND, OH 44410	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

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/ P BENNETT BOWERS	P BENNETT BOWERS, PRES/DIR	3/21/2016
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.