

**2022 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 07683253
Filing Number: 2208184859603
Filing Date/Time: 08/18/2022 09:18 AM
Effective Date/Time: 08/18/2022 09:18 AM



1. CORPORATION NAME:
Aspera Insurance Services, Inc.

DUE DATE: 08/31/22

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ENTITY
C T CORPORATION SYSTEM
4701 Cox Rd Ste 285
Glen Allen, VA 23060-6808

SCC ID NO.: 0768325-3

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 5,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
087-HENRICO COUNTY

4. STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 2035 Maywill St Ste 100	ADDRESS:
CITY/ST/ZIP Richmond, VA 23230-3215	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

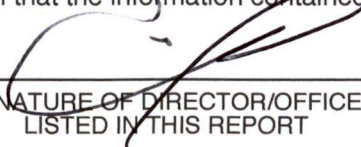
All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JOHN BOWEN	NAME:
TITLE: Vice President	TITLE:
ADDRESS: 2035 MAYWILL DR STE 100	ADDRESS:
CITY/ST/ZIP: Richmond, VA 23230-3215	CITY/ST/ZIP:

0000734



I affirm that the information contained in this report is accurate and complete as of the date below.


SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Amanda Viol, Secretary
PRINTED NAME AND CORPORATE TITLE

8/8/22
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2022 ANNUAL REPORT CONTINUED

CORPORATION NAME:
Aspera Insurance Services, Inc.

DUE DATE: **08/31/22**
SCC ID NO.: **0768325-3**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
<p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: AMANDA VIOL TITLE: Secretary ADDRESS: 2035 Maywill St Ste 100 CITY/ST/ZIP: Richmond, VA 23230-3215	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
<p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: CHARLES S. FRAZIER TITLE: Treasurer ADDRESS: 2035 Maywill St Ste 100 CITY/ST/ZIP: Richmond, VA 23230-3215	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
<p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: MICHAEL P KEHOE TITLE: PRES/CEO ADDRESS: 2035 Maywill St Ste 100 CITY/ST/ZIP: Richmond, VA 23230-3215	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
<p style="text-align: center;">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: ROBERT NEAL TITLE: SR VP ADDRESS: 2035 Maywill St Ste 100 CITY/ST/ZIP: Richmond, VA 23230-3215	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

