

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION



214147995

1. CORPORATION NAME:

ROACH AND ASSOCIATES INSURANCE SERVICES, INC., LAR
RY

DUE DATE: 10/31/14

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: DIR.

N LARRY ROACH
46 FLOYD HENLEY DRIVE
FIELDALE, VA 24089

SCC ID NO.: 0234594-0

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

144-HENRY 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 checked="" 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: 46 FLOYD HENLEY DRIVE	ADDRESS:
CITY/ST/ZIP FIELDALE, VA 24089	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 checked="" 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 checked="" type="checkbox"/> NAME: NORMAN LARRY ROACH TITLE: PRES/TREAS ADDRESS: 79 FLOYD HENLEY DRIVE CITY/ST/ZIP: FIELDALE, VA 24089	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

0012388



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

Judy B. Roach
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Judy B. Roach Officer/Sec.
PRINTED NAME AND CORPORATE TITLE

10/7/14
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.

2014 ANNUAL REPORT CONTINUED

21414.7995--10/14/2014

214147995

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JUDY BRYANT ROACH TITLE: SECRETARY ADDRESS: 79 FLOYD HENLEY DRIVE CITY/ST/ZIP: FIELDALE, VA 24089	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:
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