

1.) CORPORATION NAME:

C AND O EMPLOYEES' HOSPITAL ASSOCIATION

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MICHELLE M HOKE
511 MAIN STREET, 2ND FLOOR
CLIFTON FORGE, VA**

SCC ID NO: **01274372**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALLEGHANY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 511 MAIN STREET 2ND FLOOR

CITY/ST/ZIP: CLIFTON FORGE, VA 24422

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:	NORMAN SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1707 JONES STREET		
CITY/ST/ZIP/CO:	FLATWOODS, KS 41139		

NAME:	KENNY FARLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	271 TOWNSHIP RD 1167		
CITY/ST/ZIP/CO:	PROCTORVILLE, OH 45669		

NAME:	MICHELLE HOKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COADMINISTRATOR		
ADDRESS:	303 DUSTYS ROAD		
CITY/ST/ZIP/CO:	COVINGTON, VA 24426		

NAME:	JIM TOWNSEND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	818 VALLEY VIEW CIRCLE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22901		

NAME:	Tim Braden	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6014 Dee Ct		
CITY/ST/ZIP/CO:	Ashland, KY 41102		

NAME:	Jonathan Barron	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	17295 Shiloh Church Rd		
CITY/ST/ZIP/CO:	Montpelier, VA 23192		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Anna Brooks CoAdministrator 138 Falcon Ridge Rd Clifton Forge, VA 24422	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Glenn Hazelwood DIRECTOR 2423 Old Geneva Road Henderson, KY 42420	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Matt Thornton DIRECTOR 164 Wind Chase Way Madisonville, TN 37354	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Joseph Mantle DIRECTOR 1048 Brentwood Drive Russell, KY 41169	<input 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/ MICHELLE HOKE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHELLE HOKE, COADMINISTRATOR PRINTED NAME AND CORPORATE TITLE	7/3/2013 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.			