

1.) CORPORATION NAME:

C AND O EMPLOYEES' HOSPITAL ASSOCIATION

DUE DATE: **7/31/2014**

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:	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:	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:	ANNA BROOKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COADMINISTRATOR		
ADDRESS:	138 FALCON RIDGE RD		
CITY/ST/ZIP/CO:	CLIFTON FORGE, VA 24422		
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:	GLENN HAZELWOOD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2423 OLD GENEVA ROAD		
CITY/ST/ZIP/CO:	HENDERSON, KY 42420		

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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORMAN SMITH DIRECTOR 1707 JONES STREET FLATWOODS, KS 41139	<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:	Travis Raynes DIRECTOR 3731 Cross Creek Buffalo, WV 25033	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Rodney Bevins DIRECTOR 84 Bevins Lane Pikeville, KY 41501	<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	6/30/2014 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.			