

1.) CORPORATION NAME:

ROCKINGHAM MUTUAL SERVICE AGENCY INC.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**W. NEAL MENEFEE
633 EAST MARKET STREET
HARRISONBURG, VA 22801**

SCC ID NO: **01538040**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HARRISONBURG CITY (FILED IN ROCKINGHAM COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 633 E MARKET ST

CITY/ST/ZIP: HARRISONBURG, VA 22801

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	W NEAL MENEFEE	
TITLE:	PRESIDENT/CEO	
ADDRESS:	1165 NELSON DR.	
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOHN S BARRET, JR.	
TITLE:	VICE PRESIDENT	
ADDRESS:	263 DIVOT DRIVE	
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22802	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WARREN K COLEMAN	
TITLE:	DIRECTOR	
ADDRESS:	3801 REYNARD CT	
CITY/ST/ZIP/CO:	RICHMOND, VA 23233	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	H. ROGER HIGGINS, III	
TITLE:	DIRECTOR	
ADDRESS:	2135 N. PANTOPS DRIVE	
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22911	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GENE P BERRY	
TITLE:	DIRECTOR	
ADDRESS:	5542 N. DELAWARE ST.	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46220	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT R COPTY	
TITLE:	DIRECTOR	
ADDRESS:	3009 BURNLEIGH RD	
CITY/ST/ZIP/CO:	ROANOKE, VA 24014	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN C FOGLEMAN DIRECTOR 801 N. FAIRFAX ST SUITE #404 ALEXANDRIA, VA 22314-1744	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE B KEELER DIRECTOR 280 BON LEA DRIVE STAUNTON, VA 24401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T CARTER MELTON, JR. DIRECTOR 9868 ST. MICHAEL'S LANE BRIDGEWATER, VA 22812	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROLYN F SEDWICK DIRECTOR 246 BLUE RIDGE DRIVE ORANGE, VA 22960	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAMELA L TURNER DIRECTOR 1276 STILL MEADOW AVENUE CHARLOTTESVILLE, VA 22901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL A FINSETH ASST SECRETARY 306 BROAD STREET BRIDGEWATER, VA 22812	<input checked="" type="checkbox"/> OFFICER	<input 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/ DANIEL AFINSETH SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DANIEL AFINSETH, PRINTED NAME AND CORPORATE TITLE	5/21/2012 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.			