

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211530607

1.) CORPORATION NAME:

PIA Insurance Services, Inc.

DUE DATE: **12/31/2011**

SCC ID NO: **06696850**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

DIRECTOR

DENNIS R YOCOM

8751 PARK CENTRAL DR #140

RICHMOND, VA 23227

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8751 PARK CENTRAL DRIVE
STE 140

CITY/ST/ZIP: RICHMOND, VA 23227-

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: DENNIS R YOCOM OFFICER DIRECTOR
TITLE: DIRECTOR/CEO
ADDRESS: PIA INSURANCE SERVICES
8751 PARK CENTRAL DR, #140
CITY/ST/ZIP/CO: RICHMOND, VA 23227-

NAME: SCOTT M HARWOOD JR OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: HARWOOD & SON INSURANCE
P O BOX 604
CITY/ST/ZIP/CO: FARMVILLE, VA 23901-

NAME: S FLOYD MAYS OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: FLOYDS MAYS INS. AGENCY
5400 WHITESIDE ROAD
CITY/ST/ZIP/CO: SANDSTON, VA 23150-

NAME: ALAN K PLACE CIC OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: CENTRAL VA INSURANCE AGENCY
605 S MAIN ST
CITY/ST/ZIP/CO: CULPEPER, VA 22701-

NAME: GERALD F HEMPHILL TITLE: PRESIDENT ADDRESS: GFH INSURANCE AGENCY 5500 MONUMENT AVE STE A CITY/ST/ZIP/CO: RICHMOND, VA 23226-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	--

NAME: FRANCES P GARRETT TITLE: SECRETARY/TREAS ADDRESS: CHAS LUNSFORD & SONS ASSOC PO BOX 2571 CITY/ST/ZIP/CO: ROANOKE, VA 24010-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

NAME: JODI STREET REYNOLDS TITLE: DIRECTOR ADDRESS: P.O. BOX 1188 CITY/ST/ZIP/CO: VANSANT, VA 24656-	<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.

<u>/s/ DENNIS R YOCOM</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DENNIS R YOCOM,</u> DIRECTOR/CEO PRINTED NAME AND CORPORATE TITLE	<u>12/28/2011</u> 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.