

1.) CORPORATION NAME:

PIA Insurance Services, Inc.

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DENNIS R YOCOM
8751 PARK CENTRAL DR #140
RICHMOND, VA**

SCC ID NO: **06696850**

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:	JEFFREY N BROWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	BROWN'S INSURANCE AGENCY 9170 PRINCE WILLIAM STREET MANASSAS, VA 22110		
CITY/ST/ZIP/CO:			
NAME:	DENNIS R YOCOM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR/CEO		
ADDRESS:	PIA INSURANCE SERVICES 8751 PARK CENTRAL DR, #140 RICHMOND, VA 23227		
CITY/ST/ZIP/CO:			
NAME:	BARRY K CARPER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SEC/TREAS		
ADDRESS:	INS. CTR. OF WINCHESTER P.O. BOX 3470 WINCHESTER, VA 22604		
CITY/ST/ZIP/CO:			
NAME:	SCOTT M HARWOOD JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	HARWOOD & SON INSURANCE P O BOX 604 FARMVILLE, VA 23901		
CITY/ST/ZIP/CO:			
NAME:	ALAN K PLACE CIC	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CENTRAL VA INSURANCE AGENCY 605 S MAIN ST CULPEPER, VA 22701		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S. COLE TUCKER DIRECTOR TUCKER-FRANKLIN INS GROUP 6407 MECHANICSVILLE TNPK MECHANICSVILLE, VA 23111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLEY W HARWOOD DIRECTOR HARWOOD & SON INSURANCE PO BOX 306 FARMVILLE, VA 23901	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JODI STREET REYNOLDS DIRECTOR SOUTHWEST VA PROF INS AGCY PO BOX 1188 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.			
/s/ DENNIS R YOCOM SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DENNIS R YOCOM, DIRECTOR/CEO PRINTED NAME AND CORPORATE TITLE	12/30/2013 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.			