

1.) CORPORATION NAME:

**Council of Independent Colleges in Virginia Benefits Consortium, Inc.**

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

SCC ID NO: **07170160**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY  
ROBERT B LAMBETH JR  
118 EAST MAIN STREET  
BEDFORD, VA 24523**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**BEDFORD CITY (FILED IN BEDFORD COUNTY)**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 118 EAST MAIN ST

CITY/ST/ZIP: BEDFORD, VA 24523-

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: DAVID OLIVE  
TITLE: DIRECTOR  
ADDRESS: 3000 COLLEGE DR  
CITY/ST/ZIP/CO: BLUEFIELD, VA 24605-

OFFICER  DIRECTOR

NAME: TIM KLOPFENSTEIN  
TITLE: EXEC DIRECTOR  
ADDRESS: 118 MAIN ST  
CITY/ST/ZIP/CO: BEDFORD, VA 24523-

OFFICER  DIRECTOR

NAME: ANNE KEELER  
TITLE: DIRECTOR  
ADDRESS: 402 EAST COLLEGE STREET  
CITY/ST/ZIP/CO: BRIDGEWATER, VA 22812-

OFFICER  DIRECTOR

NAME: DIRK WILMOTH  
TITLE: DIRECTOR  
ADDRESS: 30461 GARNAND DRIVE  
CITY/ST/ZIP/CO: EMORY, VA 24327-

OFFICER  DIRECTOR

NAME: BOBBY THOMPSON  
TITLE: DIRECTOR  
ADDRESS: 215 FERRUM MOUNTAIN ROAD  
CITY/ST/ZIP/CO: FERRUM, VA 24088-

OFFICER  DIRECTOR

NAME:	GLENN CULLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 COLLEGE ROAD		
CITY/ST/ZIP/CO:	HAMPDEN-SYDNEY, VA 23943-		
NAME:	KERRY EDMONDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 9658		
CITY/ST/ZIP/CO:	ROANOKE, VA 24020-		
NAME:	STEPHEN BRIGHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1501 LAKESIDE DRIVE		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24501-		
NAME:	DAVID MOWEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	NEW AND FREDERICK STREETS		
CITY/ST/ZIP/CO:	STAUNTON, VA 24402-		
NAME:	PAUL DAVIES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	204 HENRY STREET		
CITY/ST/ZIP/CO:	ASHLAND, VA 23005-		
NAME:	CATHY DICKERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	221 COLLEGE LANE		
CITY/ST/ZIP/CO:	SALEM, VA 24153-		
NAME:	GAIL PAYNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	134 CHAPEL ROAD		
CITY/ST/ZIP/CO:	SWEET BRIAR, VA 24595-		
NAME:	LINDA MORGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1013 MOORE STREET		
CITY/ST/ZIP/CO:	BRISTOL, VA 24201-		
NAME:	HOLLACE ENOCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 NORTH LOMBARFY STREET		
CITY/ST/ZIP/CO:	RICHMOND, VA 23220-		
NAME:	ROBERT LAMBETH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	118 EAST MAIN STREET		
CITY/ST/ZIP/CO:	BEDFORD, VA 24523-		

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/ TIM KLOPFENSTEIN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>TIM KLOPFENSTEIN, EXEC DIRECTOR</u> PRINTED NAME AND CORPORATE TITLE	<u>12/2/2011</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.