

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212539528

1.) CORPORATION NAME:

BB&T Insurance Services, Inc.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1334418**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/o Camille Smith
3605 Glenwood Avenue

CITY/ST/ZIP: Raleigh, NC 27612

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:	Wesley V Dasher				
TITLE:	PRESIDENT				
ADDRESS:	C/o Camille Smith				
	3605 Glenwood Avenue				
	Raleigh, NC 27612				
CITY/ST/ZIP/CO:					

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	James G Farmer				
TITLE:	SVP				
ADDRESS:	C/o Camille Smith				
	3605 Glenwood Avenue				
	Raleigh, NC 27612				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	Karyn Hohmann				
TITLE:	CAO				
ADDRESS:	C/o Camille Smith				
	3605 Glenwood Avenue				
	Raleigh, NC 27612				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	John Howard				
TITLE:	SVP				
ADDRESS:	C/o Camille Smith				
	3605 Glenwood Avenue				
	Raleigh, NC 27612				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	David M. Pruett				
TITLE:	CEO				
ADDRESS:	C/o Camille Smith				
	3605 Glenwood Avenue				
	Raleigh, NC 27612				
CITY/ST/ZIP/CO:					

NAME: Marlys Ratliffe TITLE: Sec/Treasurer ADDRESS: C/o Camille Smith 3605 Glenwood Avenue CITY/ST/ZIP/CO: Raleigh, NC 27612	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: H. Wade Reece TITLE: CHAIRMAN ADDRESS: C/o Camille Smith 3605 Glenwood Avenue CITY/ST/ZIP/CO: Raleigh, NC 27612	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Randolph B. Screen TITLE: CMEO ADDRESS: C/o Camille Smith 3605 Glenwood Avenue CITY/ST/ZIP/CO: Raleigh, NC 27612	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Camille Smith TITLE: VICE PRESIDENT ADDRESS: C/o Camille Smith 3605 Glenwood Avenue CITY/ST/ZIP/CO: Raleigh, NC 27612	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Lisa Moberly TITLE: Other officer ADDRESS: C/o Camille Smith 3605 Glenwood Avenue CITY/ST/ZIP/CO: Raleigh, NC 27612	<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/ Lisa Moberly	Lisa Moberly ,	10/15/2012		
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.				