

SCC eFile

2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

216503674

1.) CORPORATION NAME:

TRIAD INSURANCE MANAGEMENT & SERVICES

AGENCY, INC.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

3H AGENT SERVICES, INC.

2121 EISENHOWER AVE.

SUITE 251

ALEXANDRIA, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

DUE DATE: **1/31/2016**

SCC ID NO: **F1457193**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 117 JOHN ROBERT THOMAS DRIVE

CITY/ST/ZIP: EXTON, PA 19341

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: JAMES D ONARO OFFICER DIRECTOR
 TITLE: PRES/DIR
 ADDRESS: 116 JOHN ROBERT THOMAS DRIVE
 CITY/ST/ZIP/CO: STE A
 EXTON, PA 19341

NAME: JOSEPH STAZZONE OFFICER DIRECTOR
 TITLE: VP/TREAS/DIR
 ADDRESS: 116 JOHN ROBERT THOMAS DRIVE
 CITY/ST/ZIP/CO: STE A
 EXTON, PA 19341

NAME: LISA A DASCALOFF OFFICER DIRECTOR
 TITLE: VP/AT
 ADDRESS: 116 JOHN ROBERT THOMAS DRIVE
 CITY/ST/ZIP/CO: STE A
 EXTON, PA 19341

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 A DASCALOFF

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

LISA A DASCALOFF, VP/AT

PRINTED NAME AND CORPORATE TITLE

1/28/2016

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.