

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213519918		
1.) CORPORATION NAME: A & A INSURANCE SERVICES INC. (USED IN VA BY: Alexander & Alexander, Inc.)		DUE DATE: 6/30/2013 SCC ID NO: F1553355		
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCORP SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY				
4.) STATE OR COUNTRY OF INCORPORATION: KY				
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 508 WILLIAM THOMASON BYWAY SUITE C - PO BOX 119 CITY/ST/ZIP: LEITCHFIELD, KY 42754				
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: CARY ALEXANDER TITLE: PRESIDENT ADDRESS: 508 WILLIAM THOMASON BYWAY SUITE C LEITCHFIELD, KY 42754 CITY/ST/ZIP/CO:	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR		
NAME: CHRISTINA THOMPSON TITLE: ACCOUNT MANAGER ADDRESS: PO BOX 119 LEITCHFIELD, KY 42755 CITY/ST/ZIP/CO:	<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/ CHRISTINA THOMPSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTINA THOMPSON, ACCOUNT MANAGER PRINTED NAME AND CORPORATE TITLE	4/26/2013 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.				