

1.) CORPORATION NAME:

**ALLEGHENY INSURANCE SERVICES, INC.**

DUE DATE: **7/31/2011**

SCC ID NO: **F1595182**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	400

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WV**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 104 THIRD STREET

CITY/ST/ZIP: ELKINS, WV 26241-

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 WALLACE  
TITLE: PRES/TREAS  
ADDRESS: 104 THIRD STREET  
CITY/ST/ZIP/CO: ELKINS, WV 26241-

OFFICER

DIRECTOR

NAME: MICHAEL CVECHKO  
TITLE: VICE PRESIDENT  
ADDRESS: 104 THIRD STREET  
CITY/ST/ZIP/CO: ELKINS, WV 26241-

OFFICER

DIRECTOR

NAME: CINDEE J CAMPBELL  
TITLE: SECRETARY  
ADDRESS: 104 THIRD STREET  
CITY/ST/ZIP/CO: ELKINS, WV 26241-

OFFICER

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/ JAMES WALLACE

JAMES WALLACE, PRES/TREAS

6/23/2011

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.