

1.) CORPORATION NAME: <b>ALLEGHENY INSURANCE SERVICES, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b>	DUE DATE: <b>7/31/2014</b>  SCC ID NO: <b>F1595182</b>  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> <tr> <td>COMMON</td> <td>400</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	400
CLASS	AUTHORIZED				
COMMON	400				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>WV</b>					

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	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
---	-------------------------------------	---------	-------------------------------------	----------

NAME: CINDEE J CAMPBELL TITLE: SECRETARY ADDRESS: 104 THIRD STREET CITY/ST/ZIP/CO: ELKINS, WV 26241	<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/ JAMES WALLACE	JAMES WALLACE, PRES/TREAS	6/23/2014
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.