

1.) CORPORATION NAME:

A AGENCY INSURANCE INC

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

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

DUE DATE: **3/31/2011**

SCC ID NO: **F1703497**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5557 ROBERTS RD

CITY/ST/ZIP: SCHNECKSVILLE, PA 18078-

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: MARK H PREISS
TITLE: PRES/SEC
ADDRESS: 5557 ROBERTS RD
CITY/ST/ZIP/CO: SCHNECKSVILLE, PA 18078-

OFFICER

DIRECTOR

NAME: MARK H PREISS
TITLE: PRES/SEC
ADDRESS: 5557 ROBERTS ROAD
CITY/ST/ZIP/CO: SCANECKSVILLE, PA 18078-

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/ MARK H PREISS

MARK H PREISS, PRES/SEC

5/23/2011

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.