

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211518756

1.) CORPORATION NAME:

**DVM Insurance Agency, Inc. (USED IN VA BY:
DVMINSURANCE AGENCY)**

DUE DATE: **10/31/2011**

SCC ID NO: **F1724642**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
REGISTERED AGENT SOLUTIONS, INC.
7288 HANOVER GREEN SRIVE
MECHANICSVILLE, VA 23111**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3060 SATURN ST

CITY/ST/ZIP: BREA, CA 92821-

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:	MICHAEL FUNCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREASURER		
ADDRESS:	3060 SATURN ST		
CITY/ST/ZIP/CO:	BREA, CA 92821-		
NAME:	JONATHAN KASS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP-IT OPERATION		
ADDRESS:	3060 SATURN ST		
CITY/ST/ZIP/CO:	BREA, CA 92821-		
NAME:	MICHAEL MILLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3060 SATURN ST		
CITY/ST/ZIP/CO:	BREA, CA 92821-		
NAME:	DENNIS DRENT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3060 SATURN ST		
CITY/ST/ZIP/CO:	BREA, CA 92821-		
NAME:	ROBERT HORNER III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3060 SATURN ST		
CITY/ST/ZIP/CO:	BREA, CA 92821-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PHIL GREVIN ASST SECRETARY 3060 SATURN ST BREA, CA 92821-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	--	---	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH ANN CARTER ASSOCIATE VP 3060 SATURN ST BREA, CA 92821-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	---	-----------------------------------

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRI HILL DIRECTOR 3060 SATURN ST BREA, CA 92821-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	---	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK BERES DIRECTOR 3060 SATURN ST BREA, CA 92821-	<input type="checkbox"/> OFFICER	<input checked="" 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/ PHIL GREVIN	PHIL GREVIN, ASST SECRETARY	8/22/2011
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.