

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213547259

1.) CORPORATION NAME:

**AEGIS INSURANCE SERVICES, INC.**

DUE DATE: **12/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1730920**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	50,000
COMB	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**GA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5755 NORTH POINT PARKWAY  
SUITE 44

CITY/ST/ZIP: ALPHARETTA, GA 30022

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.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SCOTT C STEVENS		
TITLE:	OFFICER		
ADDRESS:	5755 North Point Parkway Suite 44		
CITY/ST/ZIP/CO:	Alpharetta, GA 30022		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BARBARA F STEVENS		
TITLE:	OFFICER		
ADDRESS:	5755 North Point Parkway Suite 44		
CITY/ST/ZIP/CO:	Alpharetta, GA 30022		

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.

<u>/s/ BARBARA F STEVENS</u>	<u>BARBARA F STEVENS, OFFICER</u>	<u>10/11/2013</u>
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.