

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212523393

1.) CORPORATION NAME:

TRITEN INSURANCE & FINANCIAL SERVICES, INC.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES INC
7288 HANOVER GREEN DR
MECHANICSVILLE, VA 23111**

SCC ID NO: **F1754466**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1921 HWY 394 STE L
PO BOX 3232

CITY/ST/ZIP: BLOUNTVILLE, TN 37617

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:	JAMES L HYLER	
TITLE:	PRESIDENT	
ADDRESS:	N/A	
CITY/ST/ZIP/CO:	NOT GIVEN, VA	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GARY A DYE	
TITLE:	VICE PRESIDENT	
ADDRESS:	N/A	
CITY/ST/ZIP/CO:	NOT GIVEN, VA	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PHIL A KETRON	
TITLE:	VICE PRESIDENT	
ADDRESS:	N/A	
CITY/ST/ZIP/CO:	NOT GIVEN, VA	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CONNIE M TATE	
TITLE:	VICE PRESIDENT	
ADDRESS:	N/A	
CITY/ST/ZIP/CO:	NOT GIVEN, VA	

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 L HYLER	JAMES L HYLER, PRESIDENT	6/22/2012
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.