

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211512560

1.) CORPORATION NAME:

AHMSI Insurance Agency, Inc.

DUE DATE: **6/30/2011**

SCC ID NO: **F1757477**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD

STE 301

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1525 S. BELTLINE RD

CITY/ST/ZIP: COPPELL, TX 75019-

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 type="checkbox"/>	DIRECTOR
NAME:	JORDAN D DORCHUCK			
TITLE:	SECRETARY			
ADDRESS:	1525 S BELTLINE RD			
CITY/ST/ZIP/CO:	COPPELL, TX 75019-			

	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DAVID M APPELEGATE			
TITLE:	DIRECTOR			
ADDRESS:	1525 S BELTLINE RD			
CITY/ST/ZIP/CO:	COPPELL, TX 75019-4913			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	ROBERT L LOVE, JR.			
TITLE:	DIR/EX.VP/ASSEC			
ADDRESS:	1525 S BELTLINE RD			
CITY/ST/ZIP/CO:	COPPELL, TX 75019-4913			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	ELLEN COLEMAN			
TITLE:	EVP/TREASURER			
ADDRESS:	1525 S BELTLINE RD			
CITY/ST/ZIP/CO:	COPPELL, TX 75019-4913			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	MARK ZEIDMAN			
TITLE:	EVP/CFO/DIR			
ADDRESS:	1525 S BELTLINE RD			
CITY/ST/ZIP/CO:	COPPELL, TX 75019-4913			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN M MASSEY PRESIDENT 1525 S. BELT LINE ROAD COPPELL, TX 75019-4913	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLY J. DAY ASST SECRETARY 1525 S. BELT LINE ROAD COPPELL, TX 75019-4913	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TONI WILLISTON ASST SECRETARY 1525 S. BELT LINE ROAD COPPELL, TX 75019-4913	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTEN THOMAS ASST SECRETARY 1525 S. BELT LINE ROAD COPPELL, TX 75019-4913	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ KIMBERLY J. DAY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KIMBERLY J. DAY, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/15/2011 DATE
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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.