

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214508935

1.) CORPORATION NAME:

TIS Insurance Services, Inc.

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH, LTD.
250 BROWNS HILL COURT
MIDLOTHIAN, VA**

SCC ID NO: **F1777632**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1900 WINSTON RD STE 100

CITY/ST/ZIP: KNOXVILLE, TN 37919

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:	KIMBERLY WILSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO & Corp Sec		
ADDRESS:	1900 WINSTON ROAD, SUITE 100		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37919		

NAME:	BENJAMIN KELLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT, EBD		
ADDRESS:	1900 WINSTON ROAD, SUITE 100		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37919		

NAME:	RAYMOND OAKES, III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES, CONST DIV		
ADDRESS:	1900 WINSTON ROAD, SUITE 100		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37919		

NAME:	CHARLES TAYLOR PRESTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES, HCS DIV		
ADDRESS:	1900 WINSTON ROAD, SUITE 100		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37919		

NAME:	WILLIAM M THOMAS JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES, COMMERCIAL		
ADDRESS:	1900 WINSTON ROAD, SUITE 100		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37919		

NAME:	DONALD WAKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP PRES		
ADDRESS:	1900 WINSTON ROAD, SUITE 100		
CITY/ST/ZIP/CO:	KNOXVILLE, TN 37919		

NAME: MARSHA PETERS TITLE: COO ADDRESS: 1900 WINSTON ROAD, SUITE 100 CITY/ST/ZIP/CO: KNOXVILLE, TN 37919	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: EDWARD B SIMS TITLE: CEO ADDRESS: 1900 WINSTON ROAD, SUITE 100 CITY/ST/ZIP/CO: KNOXVILLE, TN 37919	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: WILLIAM THOMAS SR. TITLE: CHAIRMAN ADDRESS: 1900 WINSTON ROAD, SUITE 100 CITY/ST/ZIP/CO: KNOXVILLE, TN 37919	<input checked="" type="checkbox"/> OFFICER <input 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.		
<u>/s/ KIMBERLY WILSON</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KIMBERLY WILSON, CFO & Corp Sec</u> PRINTED NAME AND CORPORATE TITLE	<u>2/18/2014</u> 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.		