

1.) CORPORATION NAME:

KERXTON INSURANCE AGENCY, INC.

DUE DATE: **12/31/2011**

SCC ID NO: **02368249**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
GEORGE FORST
7679 LIMESTONE DRIVE
SUITE 155**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	10,000

GAINESVILLE, VA 20155

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

PRINCE WILLIAM COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7679 LIMESTONE DRIVE
STE 155

CITY/ST/ZIP: GAINESVILLE, VA 20155-

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: BRADLEY S KERXTON
TITLE: P/S
ADDRESS: 6159 PARCHMENT CT
CITY/ST/ZIP/CO: HAYMARKET, VA 20169-

OFFICER

DIRECTOR

NAME: GEORGE FORST
TITLE: CFO/T
ADDRESS: 5954 CODY SPRING PLACE
CITY/ST/ZIP/CO: HAYMARKET, VA 20169-

OFFICER

DIRECTOR

NAME: JEFFREY S KERXTON
TITLE: CEO
ADDRESS: 14158 HARCLIEF COURT
CITY/ST/ZIP/CO: HAYMARKET, VA 20169-

OFFICER

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/ GEORGE FORST

GEORGE FORST, CFO/T

12/9/2011

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.