

1.) CORPORATION NAME:

JENNINGS INSURANCE AGENCY, INC.

DUE DATE: **3/31/2012**

SCC ID NO: **05007216**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR
ROY EDWARD JENNINGS
HWY 58 A
CASTLEWOOD, VA 24224**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	4,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RUSSELL COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 19064 US HWY 58
PO BOX 699

CITY/ST/ZIP: CASTLEWOOD, VA 24224-

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:	ROY EDWARD JENNINGS	
TITLE:	PRESIDENT	
ADDRESS:	PO BOX 699	
CITY/ST/ZIP/CO:	CASTLEWOOD, VA 24224-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JAN E JENNINGS	
TITLE:	S/T	
ADDRESS:	PO BOX 699	
CITY/ST/ZIP/CO:	CASTLEWOOD, VA 24224-	

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/ JAN E JENNINGS	JAN E JENNINGS, S/T	3/15/2012
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.