

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212516284				
1.) CORPORATION NAME: ATKINS INSURANCE AGENCY, INC.		DUE DATE: 3/31/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: VICTORIA A B WILLIS 1011 CHARLES ST FREDERICKSBURG, VA 22401		SCC ID NO: 06132286				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FREDERICKSBURG CITY		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED					
COMMON	5,000					
4.) STATE OR COUNTRY OF INCORPORATION: VA						
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: PO BOX 1510 CITY/ST/ZIP: STAFFORD, VA 22555						
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: JOHN ATKINS TITLE: PRESIDENT ADDRESS: 1192 JEFFERSON DAVIS HWY CITY/ST/ZIP/CO: FREDERICKSBURG, VA 22405		<input checked="" type="checkbox"/> OFFICER <input checked="" 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.						
/s/ JOHN ATKINS	JOHN ATKINS, PRESIDENT	5/1/2012				
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.						