

1.) CORPORATION NAME:

**M. Gary Wickstrand Insurance Agency, Incorporated**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR**

**M GARY WICKSTRAND**

**610 JACK RABBIT RD., STE.#9**

**VIRGINIA BEACH, VA 23451**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

DUE DATE: **2/29/2012**

SCC ID NO: **06323232**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 610 JACK RABBIT RD.  
SUITE 9

CITY/ST/ZIP: VA BEACH, VA 23451-

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: M GARY WICKSTRAND  
TITLE: PRESIDENT  
ADDRESS: 610 JACK RABBIT RD.  
SUITE 9  
CITY/ST/ZIP/CO: VA BEACH, VA 23451-

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/ M GARY WICKSTRAND  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

M GARY WICKSTRAND,  
PRESIDENT  
PRINTED NAME AND CORPORATE  
TITLE

1/6/2012  
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.