

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211514676

1.) CORPORATION NAME:

**GRADIENT INSURANCE BROKERAGE, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
NATIONAL REGISTERED AGENTS INC  
4001 North Ninth Street, Suite 227  
ARLINGTON, VA 22203**

DUE DATE: **8/31/2011**

SCC ID NO: **F1679358**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**KS**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4570 CHURCHILL ST  
STE 100

CITY/ST/ZIP: SHOREVIEW, MN 55126-

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 type="checkbox"/> DIRECTOR
NAME:	APRILLY OBERKROM	
TITLE:	SEC/TREASURER	
ADDRESS:	4570 CHURCHILL ST STE 100	
CITY/ST/ZIP/CO:	SHOREVIEW, MN 55126-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ANTHONY COMPTON	
TITLE:	PRESIDENT	
ADDRESS:	4570 CHURCHILL ST, STE 100	
CITY/ST/ZIP/CO:	SHOREVIEW, MN 55126-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	TAMI LUCIUS	
TITLE:	COO/CCO	
ADDRESS:	4570 CHURCHILL ST STE 100	
CITY/ST/ZIP/CO:	SHOREVIEW, MN 55126-	

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/ APRILLY OBERKROM</u>	<u>APRILLY OBERKROM,</u>	<u>7/6/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SEC/TREASURER 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.