

1.) CORPORATION NAME:

**James C. Jenkins Insurance Service Inc.**

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN V ROBINSON  
7102 THREE CHOPT RD  
RICHMOND, VA 23226**

SCC ID NO: **F1743931**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	250,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2552 Stanwell Drive, Suite 200

CITY/ST/ZIP: Concord, CA 94520

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:	CHRIS UTTERBACK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	216 S 200 W		
CITY/ST/ZIP/CO:	CEDAR CITY, UT 84720		
NAME:	JOHN F CONNELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2552 STANWELL DRIVE, SUITE 200		
CITY/ST/ZIP/CO:	CONCORD, CA 94520		
NAME:	MARK V KARPENKO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2552 STANWELL DRIVE, SUITE 200		
CITY/ST/ZIP/CO:	CONCORD, CA 94520		
NAME:	CURTIS J PERATA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2552 STANWELL DRIVE, SUITE 200		
CITY/ST/ZIP/CO:	CONCORD, CA 94520		
NAME:	MARK G KENNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	44 W HARDING AVENUE		
CITY/ST/ZIP/CO:	CEDAR CITY, UT 84720		
NAME:	KEVIN CALLISTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	216 S 200 W		
CITY/ST/ZIP/CO:	CEDAR CITY, UT 84720		

NAME: ERIC O LEAVITT TITLE: DIRECTOR ADDRESS: 216 S 200 W CITY/ST/ZIP/CO: CEDAR CITY, UT 84720	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DANE O LEAVITT TITLE: DIRECTOR ADDRESS: 216 S 200 W CITY/ST/ZIP/CO: CEDAR CITY, UT 84720	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ MARK G KENNEY	MARK G KENNEY, SECRETARY	3/22/2012
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.