

1.) CORPORATION NAME:

James C. Jenkins Insurance Service Inc.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1743931**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	250,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1390 Willow Pass Drive
Suite 800

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:	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:	PRES - BENEFITS		
ADDRESS:	1390 WILLOW PASS ROAD SUITE 800		
CITY/ST/ZIP/CO:	CONCORD, CA 94520		

NAME:	MARK V KARPENKO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR. VICE PRES		
ADDRESS:	1390 WILLOW PASS ROAD SUITE 800		
CITY/ST/ZIP/CO:	CONCORD, CA 94520		

NAME:	CURTIS J PERATA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT P&C		
ADDRESS:	1390 WILLOW PASS ROAD SUITE 800		
CITY/ST/ZIP/CO:	CONCORD, CA 94520		

NAME:	KEVIN C 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: MARK G KENNEY TITLE: SECRETARY ADDRESS: 44 W HARDING AVENUE CITY/ST/ZIP/CO: CEDAR CITY, UT 84720	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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
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
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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK G KENNEY, SECRETARY PRINTED NAME AND CORPORATE TITLE	3/14/2013 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.		