

1.) CORPORATION NAME:

**Kent Insurance Agency, Inc.**

DUE DATE: **5/31/2011**

SCC ID NO: **F1751777**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DIRECTOR  
DAVID A KENT  
8146 JAHNKE RD  
RICHMOND, VA 23235**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7520 MONTGOMERY ROAD

CITY/ST/ZIP: CINCINNATI, OH 45236-

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: RICHARD C KENT  
TITLE: PRESIDENT  
ADDRESS: 7520 MONTGOMERY RD  
PO BOX 3641  
CITY/ST/ZIP/CO: CINTI, OH 45236-

OFFICER

DIRECTOR

NAME: BARBARA ANN KENT  
TITLE: SEC TREA  
ADDRESS: 7520 MONTGOMERY RD PO BOX 3641  
CITY/ST/ZIP/CO: CINTI, OH 45236-

OFFICER

DIRECTOR

NAME: DAVID A KENT  
TITLE: DIRECTOR  
ADDRESS: 8146 JAHNKE RD  
CITY/ST/ZIP/CO: RICHMOND, VA 23235-

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/ RICHARD C KENT

RICHARD C KENT, PRESIDENT

4/6/2011

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.