

1.) CORPORATION NAME:

WEBB & GREER INSURANCE AGENCY, INC.

DUE DATE: **9/30/2011**

SCC ID NO: **F1766189**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	1,000,000
COMB	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

AZ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 301 W WARNER ROAD #113

CITY/ST/ZIP: TEMPE, AZ 85284-

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: BENJAMIN A GREER
TITLE: P/S
ADDRESS: 301 W WARNER ROAD #113
CITY/ST/ZIP/CO: TEMPE, AZ 85284-

OFFICER

DIRECTOR

NAME: DEVAN L ANDERSON
TITLE: VP/ASST S
ADDRESS: 301 W WARNER ROAD #113
CITY/ST/ZIP/CO: TEMPE, AZ 85284-

OFFICER

DIRECTOR

NAME: DAMON T BREINHOLT
TITLE: VP/ASST T
ADDRESS: 301 W WARNER ROAD #113
CITY/ST/ZIP/CO: TEMPE, AZ 85284-

OFFICER

DIRECTOR

NAME: JEREMY P GROHMAN
TITLE: VP/ASST S
ADDRESS: 301 W WARNER ROAD #113
CITY/ST/ZIP/CO: TEMPE, AZ 85284-

OFFICER

DIRECTOR

NAME: CRAIG L WEBB
TITLE: CEO/T
ADDRESS: 301 W WARNER ROAD #113
CITY/ST/ZIP/CO: TEMPE, AZ 85284-

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.

<u>/s/ BENJAMIN A GREER</u>	<u>BENJAMIN A GREER, P/S</u>	<u>8/1/2011</u>
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.