

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214543415
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1.) CORPORATION NAME: THE HARVEY INSURANCE AGENCY, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: WILLIAM RILEY HARVEY JR 14950 WASHINGTON ST #200 HAYMARKET, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: PRINCE WILLIAM COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: VA	DUE DATE: 8/31/2014 SCC ID NO: 04516597 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14950 WASHINGTON ST., STE 200

CITY/ST/ZIP: HAYMARKET, VA 20169

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 checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM R. HARVEY, JR.		
TITLE: DIRECTOR		
ADDRESS: 3413 MILL CREEK RD		
CITY/ST/ZIP/CO: HAYMARKET, VA 20169		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DEBBIE A. HARVEY		
TITLE: DIRECTOR		
ADDRESS: 3413 MILL CREEK RD		
CITY/ST/ZIP/CO: HAYMARKET, VA 20169		

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/ WILLIAM R. HARVEY, JR.	WILLIAM R. HARVEY, JR., DIRECTOR	9/18/2014
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.