

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	212554719				
1.) CORPORATION NAME: <b>Legacy Insurance Agency, Inc.</b>		DUE DATE: <b>12/31/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>MONIQUE A JACOBS 1727 WEST MAIN STREET RICHMOND, VA 23220</b>		SCC ID NO: <b>07168727</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>		5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>50</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	50
CLASS	AUTHORIZED					
COMMON	50					
4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 4912 W Broad Street  CITY/ST/ZIP: RICHMOND, VA 23230						
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: MONIQUE A JACOBS TITLE: OFFICER ADDRESS: PO Box 618 CITY/ST/ZIP/CO: Quinton, VA 23141		<input checked="" 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/ MONIQUE A JACOBS	MONIQUE A JACOBS, OFFICER	3/13/2013				
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.						