

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	212553949				
1.) CORPORATION NAME: <b>BLUE BRIDLE INSURANCE AGENCY, INC.</b>		DUE DATE: <b>12/31/2012</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JOHN V ROBINSON 7102 THREE CHOPT RD RICHMOND, VA 23226</b>		SCC ID NO: <b>F1612052</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>		5.) STOCK INFORMATION <table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED					
COMMON	100					
4.) STATE OR COUNTRY OF INCORPORATION: <b>NJ</b>						
6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 654 COUNTY RD 513 PO BOX 27  CITY/ST/ZIP: PITTSTOWN, NJ 08867						
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:                    KEVIN S LAVIN TITLE:                    PRESIDENT ADDRESS:                PO BOX 1001 CITY/ST/ZIP/CO:        PEWEE VALLEY, KY 40056	<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/ KEVIN S LAVIN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KEVIN S LAVIN, PRESIDENT PRINTED NAME AND CORPORATE TITLE	2/11/2013 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.						