

SCC eFile

2015 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

215547611

1.) CORPORATION NAME:

**BLUE BRIDLE INSURANCE AGENCY, INC.**

DUE DATE: **12/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CAPITOL CORPORATE SERVICES, INC.**

SCC ID NO: **F1612052**

**10 S JEFFERSON ST  
STE 1400**

5.) STOCK INFORMATION

**ROANOKE, VA**

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ROANOKE CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NJ**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	PO BOX 1001		
CITY/ST/ZIP/CO:	PEWEE VALLEY, KY 40056		

NAME:	W BRUCE ISAACS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	629 TALLY ROAD		
CITY/ST/ZIP/CO:	LEXINGTON, KY 40502		

NAME:	RODES S PARRISH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3160 RUDDLES MILLS MILLERSBURG RD		
CITY/ST/ZIP/CO:	PARIS, KY 40367		

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	KEVIN S LAVIN, PRESIDENT	2/1/2016
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.