

1.) CORPORATION NAME:

**The Foley Insurance Agency, Inc.**

DUE DATE: **11/30/2010**

SCC ID NO: **F1689571**

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

**AUTH IN VI  
INSURANCE CENTER OF WINCHESTER INC  
728 S LOUDOUN ST  
WINCHESTER, VA 22604**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**WINCHESTER CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1841 NORRISTOWN ROAD

CITY/ST/ZIP: MAPLE GLEN, PA 19002-

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: TIMOTHY J FOLEY  
TITLE: PRESIDENT  
ADDRESS: 1841 NORRISTOWN RD  
CITY/ST/ZIP/CO: MAPLE GLEN, PA 19002-

OFFICER

DIRECTOR

NAME: GERARD T FOLEY  
TITLE: VICE PRESIDENT  
ADDRESS: 1841 NORRISTOWN RD  
CITY/ST/ZIP/CO: MAPLE GLEN, PA 19002-

OFFICER

DIRECTOR

NAME: DANIEL M MCGILL  
TITLE: VICE PRESIDENT  
ADDRESS: 1841 NORRISTOWN RD  
CITY/ST/ZIP/CO: MAPLE GLEN, PA 19002-

OFFICER

DIRECTOR

NAME: MARGARET F FOLEY  
TITLE: SEC TREAS  
ADDRESS: 1841 NORRISTOWN RD  
CITY/ST/ZIP/CO: MAPLE GLEN, PA 19002-

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.

/s/ MARGARET F FOLEY

MARGARET F FOLEY, SEC TREAS

9/30/2010

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.