

**2019 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 01562453
Filing Number: 191226000000
Filing Date/Time: 12/26/2019 03:54 PM
Effective Date/Time: 12/26/2019 03:54 PM



1. CORPORATION NAME:
COLONIAL INSURANCE AGENCY OF RICHMOND, INC. DUE DATE: **12/31/19**
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR. SCC ID NO.: **0156245-3**
B SCOTT LIPSCOMB
8100 THREE CHOPT RD STE 108
RICHMOND, VA 23288
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
143-HENRICO COUNTY
4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA
5. TOTAL NUMBER OF AUTHORIZED SHARES: 500

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 8100 THREE CHOPT RD STE 108	ADDRESS: PO Box 322
CITY/ST/ZIP RICHMOND, VA 23229	CITY/ST/ZIP Oilville VA 23129

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.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: B SCOTT LIPSCOMB	NAME:
TITLE: P/T	TITLE:
ADDRESS: 2359 WINDY RUN	ADDRESS:
CITY/ST/ZIP: MANAKIN SABOT, VA 23103	CITY/ST/ZIP:

0009428



I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

Barry Scott Lipscomb Resident
PRINTED NAME AND CORPORATE TITLE

12/20/19
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2019 ANNUAL REPORT CONTINUED

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<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: WENDY K LIPSCOMB TITLE: VP/S ADDRESS: 2359 WINDY RUN CITY/ST/ZIP: MANAKIN SABOT, VA 23103</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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