

Org ID:
0022355



60 Day Notice Annual Report
July 15, 2014

State: KY Fee: \$15.00

0022355

Must be received by September 15, 2014
HAZARD INSURANCE AGENCY

Shaded items cannot be changed on this card.

Principal Office 420 MAIN STREET, BOX 59, HAZARD KY 41701

Registered Agent WILLIAM D. GORMAN, JR., 420 MAIN ST, PO BOX 59, HAZARD KY 41702-0059

List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. Addresses default to principal office unless otherwise specified.

President WILLIAM D GORMAN, JR.

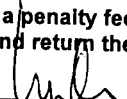
Secretary ANITA GRIFFIE WATTS

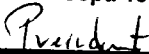
Treasurer ANITA GRIFFIE WATTS

Vice President ANITA GRIFFIE WATTS

List the name and address of all directors (if applicable)

Avoid a penalty fee of \$100. File online at <http://app.sos.ky.gov/arp/0022355> OR sign and return the required \$15.00 filing fee no later than Sept. 15, 2014.

X 
Signature of officer or chairman of the board (Required)


Title (Required)

7/29/14
Date (Required)