

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212525581

1.) CORPORATION NAME:

Campania Insurance Agency, Inc.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **05622337**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12100 SUNSET HILLS ROAD
SUITE 300

CITY/ST/ZIP: RESTON, VA 20190

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:	DENNIS R SANTOLI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	12100 SUNSET HILLS ROAD SUITE 300		
CITY/ST/ZIP/CO:	RESTON, VA 20190		

NAME:	DAVID B GREENFIELD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EX VP/CFO/AST T		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		

NAME:	J KENDALL HUBER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EX VP/AST S/GC		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		

NAME:	CHARLES F CRONIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		

NAME:	ANDREW ROBINSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		

NAME:	ANDREW C FURMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER/VP		
ADDRESS:	440 LINCOLN STREET		
CITY/ST/ZIP/CO:	WORCESTER, MA 01653		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WARREN E BARNES VICE PRESIDENT 440 LINCOLN STREET WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA M BINNIE VICE PRESIDENT 440 LINCOLN STREET WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA A BOOTH VICE PRESIDENT 12100 SUNSET HILLS ROAD SUITE 300 RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN BRYNGA VICE PRESIDENT 440 LINCOLN STREET WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J CAHILL, JR. VICE PRESIDENT 440 LINCOLN STREET WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT C HYNEY VICE PRESIDENT 440 LINCOLN STREET WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES O KINGSBURY, JR. VICE PRESIDENT 440 LINCOLN STREET WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL A LAWRENCE VICE PRESIDENT 12100 SUNSET HILLS ROAD SUITE 300 RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD J LITCHFIELD VICE PRESIDENT 440 LINCOLN STREET WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN J SWEENEY VICE PRESIDENT 440 LINCOLN STREET WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN K TRIPP VICE PRESIDENT 440 LINCOLN STREET WORCESTER, MA 01653	<input checked="" type="checkbox"/> OFFICER	<input 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.

<u>/s/ CHARLES F CRONIN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>CHARLES F CRONIN, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>7/9/2012</u> DATE
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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.