

1.) CORPORATION NAME:

SMALL BUSINESS INSURANCE AGENCY, INC.

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1107152**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO Box 15014
554 Main ST

CITY/ST/ZIP: Worcester, MA 01615

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:	Brian K. Carroll	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/PRES		
ADDRESS:	PO Box 15014		
CITY/ST/ZIP/CO:	554 Main ST Worcester, MA 01615		
NAME:	Lisa M. Carroll	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO Box 15014		
CITY/ST/ZIP/CO:	554 Main ST Worcester, MA 01615		
NAME:	Francis R. Carroll	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO Box 15014		
CITY/ST/ZIP/CO:	554 Main ST Worcester, MA 01615		
NAME:	Kevin A. Cullinan	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	PO Box 15014		
CITY/ST/ZIP/CO:	554 Main ST Worcester, MA 01615		
NAME:	Thomas J. Carroll	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 15014		
CITY/ST/ZIP/CO:	554 Main ST Worcester, MA 01615		

NAME:	Charles Chokel	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 15014		
CITY/ST/ZIP/CO:	554 Main ST Worcester, MA 01615		

NAME:	Charles E. Soule	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 15014		
CITY/ST/ZIP/CO:	554 Main ST Worcester, MA 01615		

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/ Lisa M.Carroll	Lisa M.Carroll,	9/25/2012
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.