

1.) CORPORATION NAME:

**SMALL BUSINESS INSURANCE AGENCY, INC.**

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRIAN K. CARROLL	
TITLE:	CEO/PRES	
ADDRESS:	PO BOX 15014	
	554 MAIN ST	
CITY/ST/ZIP/CO:	WORCESTER, MA 01615	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	FRANCIS R. CARROLL	
TITLE:	TREASURER	
ADDRESS:	PO BOX 15014	
	554 MAIN ST	
CITY/ST/ZIP/CO:	WORCESTER, MA 01615	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LISA M. CARROLL	
TITLE:	SECRETARY	
ADDRESS:	PO BOX 15014	
	554 MAIN ST	
CITY/ST/ZIP/CO:	WORCESTER, MA 01615	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS J. CARROLL	
TITLE:	DIRECTOR	
ADDRESS:	PO BOX 15014	
	554 MAIN ST	
CITY/ST/ZIP/CO:	WORCESTER, MA 01615	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLES CHOKEL	
TITLE:	DIRECTOR	
ADDRESS:	PO BOX 15014	
	554 MAIN ST	
CITY/ST/ZIP/CO:	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, SECRETARY	9/29/2014
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.