

1.) CORPORATION NAME:

**FIDELITY INSURANCE AGENCY, INC.**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1239922**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	250,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 82 DEVONSHIRE ST.  
MAIL ZONE NY4A

CITY/ST/ZIP: BOSTON, MA 02109

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:	JEFFREY CIMINI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	82 DEVONSHIRE ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02109		

NAME:	MILES MEI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	82 DEVONSHIRE ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02109		

NAME:	EDWARD M SHEA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	82 DEVONSHIRE ST		
CITY/ST/ZIP/CO:	BOSTON, MA 02109		

NAME:	JEREMY LAUREN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	82 DEVONSHIRE ST V5A		
CITY/ST/ZIP/CO:	BOSTON, MA 02109		

NAME:	ROGER SERVISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	82 DEVONSHIRE ST V5A		
CITY/ST/ZIP/CO:	BOSTON, MA 02109		

NAME:	ROBERT J CUMMINGS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	82 DEVONSHIRE ST V5A		
CITY/ST/ZIP/CO:	BOSTON, MA 02109		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM JOSEPH JOHNSON VICE PRESIDENT 82 DEVONSHIRE ST V5A BOSTON, MA 02109	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRETT WOLLAM VICE PRESIDENT 82 DEVONSHIRE ST V5A BOSTON, MA 02109	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELLE BRACHER-CUMMINGS VICE PRESIDENT 82 DEVONSHIRE ST V5A BOSTON, MA 02109	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN DANAHY VICE PRESIDENT 82 DEVONSHIRE ST V5A BOSTON, MA 02109	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT BROWN VICE PRESIDENT 82 DEVONSHIRE ST V5A BOSTON, MA 02109	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN LEARY CCO 82 DEVONSHIRE ST V5A BOSTON, MA 02109	<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.			
/s/ EDWARD M SHEA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EDWARD M SHEA, SECRETARY PRINTED NAME AND CORPORATE TITLE	8/13/2012 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.			