

1.) CORPORATION NAME:

DUE DATE: **2/29/2012**

LPL Insurance Associates, Inc.

SCC ID NO: **F1243189**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9785 TOWNE CENTRE DRIVE

CITY/ST/ZIP: SAN DIEGO, CA 92121-

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: STEPHANIE L BROWN
TITLE: SECRETARY
ADDRESS: ONE BEACON ST 22ND FL
CITY/ST/ZIP/CO: BOSTON, MA 02108-

OFFICER

DIRECTOR

NAME: DAN H ARNOLD
TITLE: PRE/TREA/DIR
ADDRESS: 2810 COLISEUM CENTRE DRIVE BLDG 5
CITY/ST/ZIP/CO: CHARLOTTE, NC 28217-

OFFICER

DIRECTOR

NAME: WILLIAM E DWYER
TITLE: DIRECTOR
ADDRESS: ONE BEACON STREET 22ND FL
CITY/ST/ZIP/CO: BOSTON, MA 02108-

OFFICER

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/ STEPHANIE L BROWN

STEPHANIE L BROWN,
SECRETARY

1/17/2012

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.