

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211516077

1.) CORPORATION NAME:

**AUTOMATIC DATA PROCESSING INSURANCE AGENCY,
INC.**

DUE DATE: **8/31/2011**

SCC ID NO: **F1437021**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
JAMES C BRINCEFIELD JR
526 KING ST
ALEXANDRIA, VA 22314**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NJ

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 ADP BLVD

CITY/ST/ZIP: ROSELAND, NJ 07068-

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:	MICHAEL BONARTI	
TITLE:	P/S	
ADDRESS:	ONE ADP BLVD	
CITY/ST/ZIP/CO:	ROSELAND, NJ 07068-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JANET COHEN	
TITLE:	VICE PRESIDENT	
ADDRESS:	ONE ADP BLVD	
CITY/ST/ZIP/CO:	ROSELAND, NJ 07068-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	NANCY MURIN	
TITLE:	ASST SECRETARY	
ADDRESS:	ONE ADP BLVD	
CITY/ST/ZIP/CO:	ROSELAND, NJ 07068-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JANET COHEN	
TITLE:	DIRECTOR	
ADDRESS:	ONE ADP BLVD	
CITY/ST/ZIP/CO:	ROSELAND, NJ 07068-	

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/ JANET COHEN	JANET COHEN, VICE PRESIDENT	7/22/2011
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.