

1.) CORPORATION NAME:

Smith Insurance Inc.

DUE DATE: **6/30/2011**

SCC ID NO: **F1475989**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
ERIC C PERKINS
2100 EAST CARY STREET
RICHMOND, VA 23223**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMM	2,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15 LIBERTY WAY

CITY/ST/ZIP: NIAHTIC, CT 06357-

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: JOHN M BUDDS
TITLE: PRESIDENT
ADDRESS: 15 LIBERTY WAY
CITY/ST/ZIP/CO: NIAHTIC, CT 06357-

OFFICER

DIRECTOR

NAME: WILLIAM BUDDS
TITLE: SR VP
ADDRESS: 15 LIBERTY WAY
CITY/ST/ZIP/CO: NIAHTIC, CT 06357-

OFFICER

DIRECTOR

NAME: DAVID A PECK
TITLE: VICE PRESIDENT
ADDRESS: 15 LIBERTY WAY
CITY/ST/ZIP/CO: NIAHTIC, CT 06357-

OFFICER

DIRECTOR

NAME: NORMAN PECK JR
TITLE: DIRECTOR
ADDRESS: 15 LIBERTY WAY
CITY/ST/ZIP/CO: NIAHTIC, CT 06357-

OFFICER

DIRECTOR

NAME: PAMELA ODDI
TITLE: VICE PRESIDENT
ADDRESS: 15 LIBERTY WAY
CITY/ST/ZIP/CO: NIAHTIC, CT 06357-

OFFICER

DIRECTOR

NAME: WILLIAM BUDDS TITLE: TREASURER ADDRESS: 15 LIBERTY WAY CITY/ST/ZIP/CO: NIAN TIC, CT 06357-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: WILLIAM BUDDS TITLE: SECRETARY ADDRESS: 15 LIBERTY WAY CITY/ST/ZIP/CO: NIAN TIC, CT 06357-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SUZANNE MOYER TITLE: VICE PRESIDENT ADDRESS: 15 LIBERTY WAY CITY/ST/ZIP/CO: NIAN TIC, CT 06357-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JOYCE KAVANAUGH TITLE: VICE PRESIDENT ADDRESS: 15 LIBERTY WAY CITY/ST/ZIP/CO: NIAN TIC, CT 06357-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MONICA GARRITY TITLE: VICE PRESIDENT ADDRESS: 15 LIBERTY WAY CITY/ST/ZIP/CO: NIAN TIC, CT 06357-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: FRED CAFFARELLI TITLE: VICE PRESIDENT ADDRESS: 15 LIBERTY WAY CITY/ST/ZIP/CO: NIAN TIC, CT 06357-	<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/ WILLIAM BUDDS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM BUDDS, SR VP _____ PRINTED NAME AND CORPORATE TITLE
5/19/2011 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.	