

1.) CORPORATION NAME:

Smith Insurance Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**BENJAMIN G THOMPSON
2100 EAST CARY STREET
RICHMOND, VA**

SCC ID NO: **F1475989**

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: NIAN TIC, 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.

<p>NAME: JOHN M BUDDS TITLE: PRESIDENT ADDRESS: 15 LIBERTY WAY CITY/ST/ZIP/CO: NIAN TIC, CT 06357</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM BUDDS TITLE: SR VP ADDRESS: 15 LIBERTY WAY CITY/ST/ZIP/CO: NIAN TIC, CT 06357</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: FRED CAFFARELLI TITLE: VICE PRESIDENT ADDRESS: 15 LIBERTY WAY CITY/ST/ZIP/CO: NIAN TIC, CT 06357</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MONICA GARRITY TITLE: VICE PRESIDENT ADDRESS: 15 LIBERTY WAY CITY/ST/ZIP/CO: NIAN TIC, CT 06357</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOYCE KAVANAUGH TITLE: VICE PRESIDENT ADDRESS: 15 LIBERTY WAY CITY/ST/ZIP/CO: NIAN TIC, CT 06357</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: SUZANNE MOYER TITLE: VICE PRESIDENT ADDRESS: 15 LIBERTY WAY CITY/ST/ZIP/CO: NIAN TIC, CT 06357</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: PAMELA ODDI 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: DAVID A PECK 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: JOHN M 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: DIRECTOR ADDRESS: 15 LIBERTY WAY CITY/ST/ZIP/CO: NIAN TIC, CT 06357	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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: MICHAEL A MEENEGHAN TITLE: CEO ADDRESS: 15 LIBERTY WAY CITY/ST/ZIP/CO: NIAN TIC, CT 06357	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: NORMAN PECK JR TITLE: DIRECTOR ADDRESS: 15 LIBERTY WAY CITY/ST/ZIP/CO: NIAN TIC, CT 06357	<input type="checkbox"/> OFFICER	<input checked="" 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	4/23/2014 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.		