

1.) CORPORATION NAME:

NATHAN SALLOP INSURANCE AGENCY, INC.

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

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

DUE DATE: **11/30/2010**

SCC ID NO: **F1489543**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	275,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 25 NEW CHARDON ST PENTHOUSE

CITY/ST/ZIP: BOSTON, MA 02114-4721

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:	LINDA JANE SALLOP	
TITLE:	PRES/TREAS	
ADDRESS:	25 NEW CHARDON ST PENTHOUSE	
CITY/ST/ZIP/CO:	BOSTON, MA 02114-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ELIZABETH J FINN ELDER	
TITLE:	VICE PRESIDENT	
ADDRESS:	46 CLIFTON HEIGHTS LANE	
CITY/ST/ZIP/CO:	MARBLEHEAD, MA 01945-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LUIGINA M MATARAZZO	
TITLE:	VICE PRESIDENT	
ADDRESS:	7 CHEEVER AVE	
CITY/ST/ZIP/CO:	SAUGUS, MA 01906-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LINDA M LOBAO	
TITLE:	SECRETARY	
ADDRESS:	216 MAIN ST	
CITY/ST/ZIP/CO:	CHELMSFORD, MA 01863-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MITCHEL I WEISMAN	
TITLE:	DIRECTOR	
ADDRESS:	25 NEW CHARDON ST PENTHOUSE	
CITY/ST/ZIP/CO:	BOSTON, MA 02114-	

OFFICER DIRECTOR

NAME: JOSEPH N RUSSO
TITLE: DIRECTOR
ADDRESS: 3 WINDSOR LANE
CITY/ST/ZIP/CO: BURLINGTON, MA 01803-

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.

<u>/s/ LUIGINA M MATARAZZO</u>	<u>LUIGINA M MATARAZZO, VICE</u>	<u>10/27/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>PRESIDENT</u> 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.