

1.) CORPORATION NAME:

**League Insurance Agency, Inc.**

DUE DATE: **2/28/2011**

SCC ID NO: **F1500075**

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	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CT**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 163 CEDAR ST

CITY/ST/ZIP: BRANFORD, CT 06405-

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: STEPHEN W. KOSLOW  
TITLE: President / CEO  
ADDRESS: 163 CEDAR ST  
CITY/ST/ZIP/CO: BRANFORD, CT 06405-

OFFICER

DIRECTOR

NAME: ANGELA M. CAMPBELL  
TITLE: ASST SECRETARY  
ADDRESS: 163 CEDAR ST  
CITY/ST/ZIP/CO: BRANFORD, CT 06405-

OFFICER

DIRECTOR

NAME: STEVEN R. SULESKI  
TITLE: SECRETARY  
ADDRESS: 163 CEDAR ST  
CITY/ST/ZIP/CO: BRANFORD, CT 06405-

OFFICER

DIRECTOR

NAME: TIMOTHY L. GRAHAM  
TITLE: DIRECTOR  
ADDRESS: 163 CEDAR ST  
CITY/ST/ZIP/CO: BRANFORD, CT 06405-

OFFICER

DIRECTOR

NAME: ROBERT M. BUCKINGHAM  
TITLE: VICE PRESIDENT  
ADDRESS: 163 CEDAR ST  
CITY/ST/ZIP/CO: BRANFORD, CT 06405-

OFFICER

DIRECTOR

NAME: ANDREW J. MICHIE TITLE: TREASURER ADDRESS: 163 CEDAR ST CITY/ST/ZIP/CO: BRANFORD, CT 06405-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TRACY LIEN TITLE: ASST SECRETARY ADDRESS: 163 CEDAR ST CITY/ST/ZIP/CO: BRANFORD, CT 06405-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: JANICE DOYLE TITLE: ASST SECRETARY ADDRESS: 163 CEDAR ST CITY/ST/ZIP/CO: BRANFORD, CT 06405-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ TRACY LIEN	TRACY LIEN, ASST SECRETARY	1/10/2011
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.