

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214545812

1.) CORPORATION NAME:

**W. T. PHELAN & CO. INSURANCE AGENCY, INC.**

DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1611617**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 7,500      |

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1812 MASSACHUSETTS AVE

CITY/ST/ZIP: CAMBRIDGE, MA 02140-2741

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:           | RICHARD RAMSEY         | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | PRESIDENT              |   |  |
| ADDRESS:        | 1812 MASSACHUSETTS AVE |   |  |
| CITY/ST/ZIP/CO: | CAMBRIDGE, MA 02140    |   |  |

|                 |                          |   |  |
|-----------------|--------------------------|---|--|
| NAME:           | ROBERT RAMSEY            | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT           |   |  |
| ADDRESS:        | 1812 MASSACHUSETTS AVE   |   |  |
| CITY/ST/ZIP/CO: | CAMBRIDGE, MA 02140-2741 |   |  |

|                 |                        |   |  |
|-----------------|------------------------|---|--|
| NAME:           | DAVID RAMSEY           | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT         |   |  |
| ADDRESS:        | 1812 MASSACHUSETTS AVE |   |  |
| CITY/ST/ZIP/CO: | CAMBRIDGE, MA 02140    |   |  |

|                 |                        |   |                                   |
|-----------------|------------------------|---|-----------------------------------|
| NAME:           | THOMAS M RAMSEY        | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | VICE PRESIDENT         |   |                                   |
| ADDRESS:        | 1812 MASSACHUSETTS AVE |   |                                   |
| CITY/ST/ZIP/CO: | CAMBRIDGE, MA 02140    |   |                                   |

|                 |                           |   |                                   |
|-----------------|---------------------------|---|-----------------------------------|
| NAME:           | CHRISTINE M LYONS         | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | TREASURER                 |   |                                   |
| ADDRESS:        | 1812 MASSACHUSETTS AVENUE |   |                                   |
| CITY/ST/ZIP/CO: | CAMBRIDGE, MA 02140-2741  |   |                                   |

|                 |                        |   |                                   |
|-----------------|------------------------|---|-----------------------------------|
| NAME:           | SANDRA LAGREGA         | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE:          | SECRETARY              |   |                                   |
| ADDRESS:        | 1812 MASSACHUSETTS AVE |   |                                   |
| CITY/ST/ZIP/CO: | CAMBRIDGE, MA 02140    |   |                                   |

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/ RICHARD RAMSEY   | RICHARD RAMSEY, PRESIDENT        | 10/6/2014 |
| 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. |                                  |           |