

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211503841

1.) CORPORATION NAME:

**HOLYOKE OF SALEM INSURANCE AGENCY, INC.**

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**

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

SCC ID NO: **F1616566**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 39 NORMAN ST

CITY/ST/ZIP: SALEM, MA 01970-

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: GARY J VALLO  
TITLE: PRESIDENT  
ADDRESS: 39 NORMAN ST  
CITY/ST/ZIP/CO: SALEM, MA 01970-

OFFICER

DIRECTOR

NAME: JOHN D BLACKBURN  
TITLE: CHAIRMAN  
ADDRESS: 1701 TOWANDA AVENUE  
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701-

OFFICER

DIRECTOR

NAME: JAMES M JACOBS  
TITLE: SECRETARY  
ADDRESS: 1701 TOWANDA AVENUE  
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701-

OFFICER

DIRECTOR

NAME: MATTHEW J KOPFF  
TITLE: ASST CONT  
ADDRESS: 1711 GE ROAD  
CITY/ST/ZIP/CO: BLOOMINGTON, IL 61704-

OFFICER

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/ MATTHEW J KOPFF

MATTHEW J KOPFF, ASST CONT

2/16/2011

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.