

1.) CORPORATION NAME: Wolpert Insurance Agency, Inc.	DUE DATE: 7/31/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHN V ROBINSON 7102 THREE CHOPT RD RICHMOND, VA 23226	SCC ID NO: F1676339				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
4.) STATE OR COUNTRY OF INCORPORATION: MA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 18 JOHN ST PL CITY/ST/ZIP: WORCESTER, MA 01609	
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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: MICHAEL A WOLPERT	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
TITLE: PRESIDENT				
ADDRESS: 55 NOURSE ST				
CITY/ST/ZIP/CO: WESTBOROUGH, MA 01581				
NAME: ROBERT P MUCCI	<input type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
TITLE: VICE PRESIDENT				
ADDRESS: 80 EMERSON RD				
CITY/ST/ZIP/CO: MILTON, MA 02186				

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/ MICHAEL A WOLPERT	MICHAEL A WOLPERT, PRESIDENT	8/31/2012
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.