

SCC eFile  
(6/10)

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212503641

1.) CORPORATION NAME:

**Avondale Insurance Associates, Inc.**

DUE DATE: **1/31/2012**

SCC ID NO: **F1778036**

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

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 STATE ST.  
4TH FLOOR

CITY/ST/ZIP: BOSTON, MA 02109-

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: DONALD S LILLEN  
TITLE: COO  
ADDRESS: 1000 ELM STREET STE 1900  
CITY/ST/ZIP/CO: MANCHESTER, NH 03101-  
 OFFICER  DIRECTOR

NAME: JOHN ARGOS  
TITLE: SVP  
ADDRESS: 200 STATE STREET  
4TH FLOOR  
CITY/ST/ZIP/CO: BOSTON, MA 02109-  
 OFFICER  DIRECTOR

NAME: PETER COGHLAN  
TITLE: PRESIDENT  
ADDRESS: 200 STATE STREET  
4TH FLOOR  
CITY/ST/ZIP/CO: BOSTON, MA 02109-  
 OFFICER  DIRECTOR

NAME: ROBERT NORMANDY  
TITLE: SECRETARY  
ADDRESS: 1000 ELM STREET  
19TH FLOOR  
CITY/ST/ZIP/CO: MANCHESTER, NH 03101-  
 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/ ROBERT NORMANDY  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

ROBERT NORMANDY,  
SECRETARY  
PRINTED NAME AND CORPORATE  
TITLE

1/27/2012  
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.