

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211527553

1.) CORPORATION NAME:

**CORCORAN & HAVLIN INSURANCE AGENCY, INC.**

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

**AUTH IN VI**

**W D CAMPBELL AND SON INCORPORATED**

**801 MAIN STREET STE 400**

**P O BOX 677**

**LYNCHBURG, VA 24505**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**LYNCHBURG CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

DUE DATE: **10/31/2011**

SCC ID NO: **F1838962**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 287 LINDEN ST

CITY/ST/ZIP: WELLESLEY, MA 02482-

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: JOHN KEEFE  
TITLE: PRESIDENT  
ADDRESS: 287 LINDEN ST  
CITY/ST/ZIP/CO: WELLESLEY, MA 02482-

OFFICER

DIRECTOR

NAME: GEORGE DOHERTY III  
TITLE: VICE PRESIDENT  
ADDRESS: 287 LINDEN ST  
CITY/ST/ZIP/CO: WELLESLEY, MA 02482-

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/ JOHN KEEFE

JOHN KEEFE, PRESIDENT

11/15/2011

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.