



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000266094

2. Name of Corporation Holyoke of Salem Insurance Agency, Inc.

3. Street Address Principal Business Office:

No. and Street: 39 NORMAN STREET

City or Town: SALEM

State: MA

Zip: 01970

Country: USA

4. Business Phone No.

309-821-3541

5. State of Incorporation

State: MA

6. Brief Description of the Character of Business Conducted in Rhode Island

PERFORMS ADMINISTRATIVE FUNCTIONS TO AFFILIATED COMPANIES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ALAN KEITH DODDS	213 COURT STREET MIDDLETOWN, CT 06457 USA
SECRETARY	JAMES MELVIN JACOBS	1701 TOWANDA AVE BLOOMINGTON, IL 61701 USA
CFO	DAVID ALLEN MAGERS	1701 TOWANDA AVE BLOOMINGTON, IL 61701 USA
VICE PRESIDENT	PETER JAMES BOROWSKI	1701 TOWANDA AVE BLOOMINGTON, IL 61701 USA
VICE PRESIDENT	RICHARD WILLIAM COTE	213 COURT STREET MIDDLETOWN, CT 06457 USA
PRESIDENT	GARY J. VALLO	213 COURT STREET MIDDLETOWN, CT 06457 USA
VICE PRESIDENT	WILLIAM JOSEPH GEORGE	213 COURT STREET MIDDLETOWN, CT 06457 USA
ASSOCIATE CONTROLLER	MATTHEW J KOPFF	1711 GE ROAD BLOOMINGTON, IL 61704 USA
DIRECTOR	PETER DAMIAN KASPER	213 COURT STREET MIDDLETOWN, CT 06457 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$10.00	1,500.00	1500

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 15 Day of February, 2012 at 10:02:30 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MATTHEW J KOPFF
Signature of Authorized Representative of the Corporation

ASSOCIATE CONTROLLER
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

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