



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 97609		2. Exact name of the Corporation M.D. HAGERTY INSURANCE, INC.			
3. Principal office address 727 East Avenue			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 401-729-1911			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island TO OPERATE AN INSURANCE COMPANY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL D. HAGERTY			Vice-President Name SANDRA HAGERTY		
Street Address 727 EAST AVENUE			Street Address 727 EAST AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name MICHAEL D. HAGERTY			Treasurer Name MICHAEL D. HAGERTY		
Street Address 727 EAST AVENUE			Street Address 727 EAST AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MICHAEL D. HAGERTY			Director Name SANDRA HAGERTY		
Street Address 727 EAST AVENUE			Street Address 727 EAST AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			NONE		

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.

FILED

File Date: **FEB 24 2012**
 Check No: _____
 By: **[Signature]**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/20/12
 Signature of Authorized Representative Date
 Print or Type Name of Authorized Representative
Michael D. Hagerty