

**2011 ANNUAL REPORT**  
**COMMONWEALTH OF VIRGINIA**  
**STATE CORPORATION COMMISSION**

21121.0219--1/12/2012

211210219

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1. CORPORATION NAME:  
 Advisor Group, Inc., The

DUE DATE: 12/31/11

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.  
 M MALLORY MANTIPLY

SCC ID NO.: F184437-4

310 FIRST ST STE 1100

5. STOCK INFORMATION

ROANOKE, VA 24002-0090

CLASS	AUTHORIZED
COMMON	1,000

3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
 180-ROANOKE COUNTY

4. STATE OR COUNTRY OF INCORPORATION:  
 PA-PENNSYLVANIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 3000 McKnight East Drive Pittsburgh, PA 15237..	ADDRESS:
CITY/ST/ZIP ,	CITY/ST/ZIP

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.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: PETER M CANOVALI	NAME: <del>William Clive</del>
TITLE: DIRECTOR	TITLE: <del>Vice President</del>
ADDRESS: 3000 MCKNIGHT EAST DRIVE	ADDRESS: <del>3000 McKnight East Dr</del>
CITY/ST/ZIP: PITTSBURGH, PA 15237	CITY/ST/ZIP: <del>Pittsburgh PA 15237</del>

I affirm that the information contained in this report is accurate and complete as of the date below.

*Peter Canovali*  
 SIGNATURE OF DIRECTOR/OFFICER  
 LISTED IN THIS REPORT

Peter Canovali  
 PRINTED NAME AND CORPORATE TITLE

10/25/11  
 DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

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7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

<p>Mark appropriate box unless area below is blank:  <input checked="" type="checkbox"/> Information is correct   <input type="checkbox"/> Information is incorrect   <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate and enter information below:   <input type="checkbox"/> Correction   <input type="checkbox"/> Addition   <input type="checkbox"/> Replacer</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: CAROL CANOVALI                  TITLE: DIRECTOR                  ADDRESS: 3000 MCKNIGHT EAST DRIVE                  CITY/ST/ZIP: PITTSBURGH, PA 15237</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct   <input type="checkbox"/> Information is incorrect   <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:   <input type="checkbox"/> Correction   <input checked="" type="checkbox"/> Addition   <input checked="" type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: William Clive                  TITLE: Vice President                  ADDRESS: 3000 McKnight East Dr.                  CITY/ST/ZIP: Pittsburgh PA 15237</p>	<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: William Clive, Vice President                  TITLE: 3000 McKnight                  ADDRESS: East Drive                  CITY/ST/ZIP: Pittsburgh PA 15237</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct   <input type="checkbox"/> Information is incorrect   <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:   <input type="checkbox"/> Correction   <input type="checkbox"/> Addition   <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>