

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35385

FILED
Apr 09, 2012
Secretary of State

Entity Name: INTERSECTIONS INSURANCE SERVICES INC.

Current Principal Place of Business:

315 W UNIVERSITY DRIVE
ARLINGTON HEIGHTS, IL 60004

New Principal Place of Business:

Current Mailing Address:

315 W UNIVERSITY DRIVE
ARLINGTON HEIGHTS, IL 60004

New Mailing Address:

FEI Number: 36-3147665 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: STANFIELD, MICHAEL R
Address: 3901 STONECROFT BLVD.
City-St-Zip: CHANTILLY, VA 20151

Title: EVP
Name: SCHWARTZ, STEVEN A
Address: 3901 STONECROFT BLVD.
City-St-Zip: CHANTILLY, VA 20151

Title: CFO
Name: BEHNEMAN, MADALYN C
Address: 3901 STONECROFT BLVD.
City-St-Zip: CHANTILLY, VA 20151

Title: VP
Name: SCANLON, JOHN G
Address: 3901 STONECROFT BLVD.
City-St-Zip: CHANTILLY, VA 20151

Title: SEC
Name: DITTERSDORF, NEAL B
Address: 3901 STONECROFT BLVD.
City-St-Zip: CHANTILLY, VA 20151

Title: OFF
Name: SANTORE, PARTICIA A
Address: 315 W. UNIVERSITY DRIVE
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONNA SUMNER

MGR

04/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date