

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F99000000160

**Entity Name:** TRADE INSURANCE SERVICES, INC.**Current Principal Place of Business:**1475 E. WOODFIELD ROAD, SUITE 500  
SCHAUMBURG, IL 60173**Current Mailing Address:**1475 E. WOODFIELD ROAD, SUITE 500  
SCHAUMBURG, IL 60173**FEI Number: 36-4254456****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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

**Officer/Director Detail :**

Title EXECUTIVE VICE PRESIDENT &  
SECRETARY  
Name CAHALAN, JAMES L  
Address 1475 WOODFIELD ROAD, SUITE 500  
City-State-Zip: SCHAUMBURG IL 60173

Title DV  
Name WALSH, JOHN  
Address 1475 E WOODFIELD RD STE 500  
City-State-Zip: SCHAUMBURG IL 60173

Title DIRECTOR & EXECUTIVE VICE  
PRESIDENT  
Name GROFF, KAREN  
Address 1475 E. WOODFIELD ROAD, SUITE  
500  
City-State-Zip: SCHAUMBURG IL 60173

Title DIRECTOR & PRESIDENT  
Name STERRETT, WILLIAM D  
Address 1475 WOODFIELD ROAD, SUITE 500  
City-State-Zip: SCHAUMBURG IL 60173

Title DIRECTOR & TREASURER  
Name VALATKAS, JAMES  
Address 1475 E. WOODFIELD ROAD, SUITE  
500  
City-State-Zip: SCHAUMBURG IL 60173

*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: JAMES CAHALAN****SECRETARY****01/07/2013**

Electronic Signature of Signing Officer/Director Detail

Date