

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35385

Entity Name: INTERSECTIONS INSURANCE SERVICES INC.**Current Principal Place of Business:**315 W UNIVERSITY DRIVE
ARLINGTON HEIGHTS, IL 60004**Current Mailing Address:**315 W UNIVERSITY DRIVE
ARLINGTON HEIGHTS, IL 60004**FEI Number:** 36-3147665**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 P
Name STANFIELD, MICHAEL R
Address 3901 STONECROFT BLVD.
City-State-Zip: CHANTILLY VA 20151

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

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

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

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

Title ASST SECRETARY
Name WEINBERGER, WENDY
Address 3901 STONECROFT BLVD
City-State-Zip: CHANTILLY VA 20151

Title SR VICE PRESIDENT
Name VACC, JOSEPH
Address 3901 STONECROFT BLVD
City-State-Zip: CHANTILLY VA 20151

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: WENDY WEINBERGER**OFFICER****01/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date