

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P35385

**FILED  
Apr 13, 2015  
Secretary of State  
CC5156566344**

**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 US

**FEI Number: 36-3147665**

**Certificate of Status Desired: No**

**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 CHAIRMAN OF THE BOARD  
Name STANFIELD, MICHAEL R.  
Address 3901 STONECROFT BLVD.  
City-State-Zip: CHANTILLY VA 20151

Title PRESIDENT/DIRECTOR  
Name SYKES, ANDREW  
Address 315 W UNIVERSITY DRIVE  
City-State-Zip: ARLINGTON HEIGHTS IL 60004

Title TREASURER  
Name WARD, TRACY  
Address 3901 STONECROFT BLVD.  
City-State-Zip: CHANTILLY VA 20151

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

Title DIRECTOR  
Name BARDEN, RONALD L.  
Address 315 W UNIVERSITY DRIVE  
City-State-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: TRACY WARD**

**TREASURER**

**04/13/2015**

Electronic Signature of Signing Officer/Director Detail

Date