

2016 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 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 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: TRACY WARD

TREASURER

04/05/2016

Electronic Signature of Signing Officer/Director Detail

Date