

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212550189

1.) CORPORATION NAME:

INTER-COMPANY MARKETING GROUP

DUE DATE: **10/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**AUDREY S WITTENBURG
ICMG**

SCC ID NO: **04920815**

44335 PREMIER PLAZA STE 125

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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ASHBURN, VA 20147

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LOUDOUN COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 44335 PREMIER PLAZA STE 125

CITY/ST/ZIP: ASHBURN, VA 20147

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: FRANK OSBORN
TITLE: PRESIDENT
ADDRESS: 1701 1ST AVE
CITY/ST/ZIP/CO: ROCK ISLAND, IL 61201

OFFICER

DIRECTOR

NAME: RAYMOND RICHARD
TITLE: 2ND VP
ADDRESS: PINNACLE BENEFITS GROUP
CITY/ST/ZIP/CO: 4964 UNIVERSITY PKWY #101
WINSTON-SALEM, NC 27106

OFFICER

DIRECTOR

NAME: BOB THOMAS
TITLE: VICE PRESIDENT
ADDRESS: AMERICAN GROUP INS SVC
CITY/ST/ZIP/CO: 12700 PARK CENTRAL DR #460
DALLAS, TX 75251

OFFICER

DIRECTOR

NAME: RICHARD S KATZ
TITLE: TREASURER
ADDRESS: AMERICAN NATIONAL INS CO
CITY/ST/ZIP/CO: 2450 SOUTH SHORE BLVD, STE 401
LEAGUE CITY, TX 77573

OFFICER

DIRECTOR

NAME: AUDREY S WITTENBURG
TITLE: EXEC DIRECTOR
ADDRESS: 44335 PREMIER PLAZA SUITE 125
CITY/ST/ZIP/CO: ASHBURN, VA 20147

OFFICER

DIRECTOR

NAME: DAVID BURKE TITLE: DIRECTOR ADDRESS: UNIVERSAL AMERICAN CORP. 1001 HEATHROW PARK LN, STE 5001 CITY/ST/ZIP/CO: LAKE MARY, FL 32746	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: VICTOR CASTELLANOS TITLE: DIRECTOR ADDRESS: INSURANCE ADMINISTRATIVE SOLUTIONS 7575 DR. PHILLIPS BLVD #235 CITY/ST/ZIP/CO: ORLANDO, FL 32819	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TODD COWAN TITLE: DIRECTOR ADDRESS: HEALTHPLAN SERVICES 3501 FRONTAGE RD CITY/ST/ZIP/CO: TAMPA, FL 33607	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SCOTT MACHUT TITLE: DIRECTOR ADDRESS: BEAZLEY GROUP 8500 NORMANDALE LAKE BLVD #955 CITY/ST/ZIP/CO: BLOOMINGTON, MN 55437	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAY MANIFOLD TITLE: DIRECTOR ADDRESS: WOODMEN INS AGENCY 1700 FARNAM ST CITY/ST/ZIP/CO: OMAHA, NE 68102	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SHEILA MATHESON TITLE: DIRECTOR ADDRESS: OPTIMUM RE INS CO 1345 RIVER BEND DR #100 CITY/ST/ZIP/CO: DALLAS, TX 75247	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT MORHAUSER TITLE: DIRECTOR ADDRESS: NATIONAL GUARDIAN LIFE 2 E GILMAN ST CITY/ST/ZIP/CO: MADISON, WI 53703	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JIM SUMMERS TITLE: DIRECTOR ADDRESS: SENIOR MARKET SALES 8420 W DODGE RD #510 CITY/ST/ZIP/CO: OMAHA, NE 68114	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TED WILLIAMS TITLE: DIRECTOR ADDRESS: SECURITY LIFE 10901 RED CIRCLE DRIVE CITY/ST/ZIP/CO: MINNETONKA, MN 55343	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ AUDREY S WITTENBURG SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	AUDREY S WITTENBURG, EXEC DIRECTOR PRINTED NAME AND CORPORATE TITLE
12/28/2012 DATE	

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.