

1.) CORPORATION NAME:

DUE DATE: **2/28/2011**

GBS Insurance and Financial Services, Inc.

SCC ID NO: **F1539065**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2228 BLACK ROCK TNPK
#301

CITY/ST/ZIP: FAIRFIELD, CT 06432-

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: JAMES W DURKIN JR
TITLE: PRESIDENT
ADDRESS: TWO PIERCE PLACE
CITY/ST/ZIP/CO: ITASCA, IL 60143-

OFFICER

DIRECTOR

NAME: JOHN J CARAHER
TITLE: CFO/VP/D
ADDRESS: TWO PIERCE PLACE
CITY/ST/ZIP/CO: ITASCA, IL 60143-

OFFICER

DIRECTOR

NAME: LISA A COYNE
TITLE: ASST VP
ADDRESS: TWO PIERCE PLACE
CITY/ST/ZIP/CO: ITASCA, IL 60143-

OFFICER

DIRECTOR

NAME: JACK H LAZZARO
TITLE: TREASURER
ADDRESS: TWO PIERCE PLACE
CITY/ST/ZIP/CO: ITASCA, IL 60143-

OFFICER

DIRECTOR

NAME: APRIL HANES-DOWD
TITLE: SECRETARY
ADDRESS: TWO PIERCE PLACE
CITY/ST/ZIP/CO: ITASCA, IL 60143-

OFFICER

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.

<u>/s/ LISA A COYNE</u>	<u>LISA A COYNE, ASST VP</u>	<u>1/6/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.