

1.) CORPORATION NAME:

**United Shortline Insurance Services, Inc.**

DUE DATE: **5/31/2011**

SCC ID NO: **F1587478**

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

**AUTH IN VI**

**NATIONAL REGISTERED AGENTS INC**

**4001 North Ninth Street, Suite 227**

**ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000
PREFER	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ARLINGTON COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8265 N VAN DYKE

CITY/ST/ZIP: PORT AUSTIN, MI 48467-

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: LOUIS M SCHILLINGER  
TITLE: PRESIDENT  
ADDRESS: 8265 N VAN DYKE  
CITY/ST/ZIP/CO: PORT AUSTIN, MI 48467-

OFFICER

DIRECTOR

NAME: CHRISTOPHER T MAZUR  
TITLE: TREASURER  
ADDRESS: 5165 LONGMEADOW ROAD  
CITY/ST/ZIP/CO: BLOOMFIELD TWP, MI 48304-

OFFICER

DIRECTOR

NAME: CHRISTOPHER T MAZUR  
TITLE: SECRETARY  
ADDRESS: 5165 LONGMEADOW RD  
CITY/ST/ZIP/CO: BLOOMFIELD TWP, MI 48304-

OFFICER

DIRECTOR

NAME: RICHARD F MAZUR  
TITLE: DIRECTOR  
ADDRESS: 30755 BARRINGTON  
CITY/ST/ZIP/CO: MADISON HEIGHTS, MI 48071-

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.

/s/ LOUIS M SCHILLINGER  
SIGNATURE OF DIRECTOR/OFFICER  
LISTED IN THIS REPORT

LOUIS M SCHILLINGER,  
PRESIDENT  
PRINTED NAME AND CORPORATE  
TITLE

4/26/2011

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.