

1.) CORPORATION NAME:

CENTRAL INSURANCE MANAGEMENT, INC.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

SCC ID NO: **F1625849**

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8325 N ALLEN ROAD STE B

CITY/ST/ZIP: PEORIA, IL 61615

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:	WILLIAM MEISEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	6400 SE LAKE ROAD STE 190		
CITY/ST/ZIP/CO:	PORTLAND, OR 97222		

NAME:	MICHAEL E ARLEDGE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP		
ADDRESS:	175 E. Houston St Ste 1300		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78205		

NAME:	DEAN J PARKER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8325 N ALLEN ROAD STE B		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		

NAME:	LYNN K GEURIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	175 E. Houston St Ste 1300		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78205		

NAME:	MARK LUCAS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8325 N ALLEN ROAD STE B		
CITY/ST/ZIP/CO:	PEORIA, IL 61615		

NAME:	Craig S. Comeaux	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	175 E. Houston St Ste 1300		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78205		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Barbara L Sutherland	
TITLE:	VICE PRESIDENT	
ADDRESS:	175 E. Houston St	
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78205	

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/ Barbara L Sutherland	Barbara L Sutherland, VICE PRESIDENT	3/5/2013
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.