

1.) CORPORATION NAME:

Intersections Insurance Services Inc.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 300
GLEN ALLEN, VA 23060**

SCC ID NO: **F1672221**

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: 315 W UNIVERSITY DRIVE

CITY/ST/ZIP: ARLINGTON HEIGHTS, IL 60004

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:	NEAL DITTERSDORF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3901 STONECROFT BLVD		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20151		
NAME:	WENDY WEINBERGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3901 STONECROFT BLVD		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20151		
NAME:	MADALYN BEHNEMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PFO		
ADDRESS:	3901 STONECROFT BLVD		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20151		
NAME:	JOHN G SCANLON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	3901 STONECROFT BLVD		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20151		
NAME:	MICHAEL R STANFIELD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	3901 STONECROFT BLVD		
CITY/ST/ZIP/CO:	CHANTILLY, VA 20151		
NAME:	Steven Schwartz	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	3901 Stonecroft Blvd		
CITY/ST/ZIP/CO:	Chantilly, VA 20151		

NAME:	Patricia Santore	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Comp. Officer		
ADDRESS:	315 W. University Drive		
CITY/ST/ZIP/CO:	Arlington Heights, IL 60004		

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/ NEAL DITTERSDORF</u>	<u>NEAL DITTERSDORF,</u>	<u>4/30/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.