

1.) CORPORATION NAME:

Intersections Insurance Services Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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: MADALYN BEHNEMAN TITLE: PFO ADDRESS: 3901 STONECROFT BLVD CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN G SCANLON TITLE: EVP ADDRESS: 3901 STONECROFT BLVD CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL R STANFIELD TITLE: CHAIRMAN ADDRESS: 3901 STONECROFT BLVD CITY/ST/ZIP/CO: CHANTLTY, VA 20151	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NEAL DITTERSDORF TITLE: SECRETARY ADDRESS: 3901 STONECROFT BLVD CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PATRICIA SANTORE TITLE: COMP. OFFICER ADDRESS: 315 W. UNIVERSITY DRIVE CITY/ST/ZIP/CO: ARLINGTON HEIGHTS, IL 60004	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEVEN SCHWARTZ TITLE: EVP ADDRESS: 3901 STONECROFT BLVD CITY/ST/ZIP/CO: CHANTILLY, VA 20151	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

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		

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/ MADALYN BEHNEMAN	MADALYN BEHNEMAN, PFO	5/13/2014
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.