

1.) CORPORATION NAME: Intersections Insurance Services Inc.	DUE DATE: 6/30/2015				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	SCC ID NO: F1672221				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: ANDREW SYKES			
TITLE: PRESIDENT			
ADDRESS: 315 W UNIVERSITY DRIVE			
CITY/ST/ZIP/CO: ARLINGTON HEIGHTS, IL 60004			

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: TRACY WARD			
TITLE: VP/TREAS			
ADDRESS: 3901 STONECROFT BLVD			
CITY/ST/ZIP/CO: CHANTILLY, VA 20151			

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: RONALD L BARDEN			
TITLE: CFO			
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 type="checkbox"/> DIRECTOR	
NAME: NEAL DITTERSDORF			
TITLE: 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/ ANDREW SYKES	ANDREW SYKES, PRESIDENT	7/27/2015
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.