

1.) CORPORATION NAME: <b>Tower Insurance Services, Inc.</b>	DUE DATE: <b>3/31/2016</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATION SERVICE COMPANY          111 EAST MAIN STREET, 16TH FLOOR          RICHMOND, VA</b>	SCC ID NO: <b>F1741604</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>RICHMOND CITY</b>	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>200,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	200,000
CLASS	AUTHORIZED				
COMMON	200,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>IL</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8 MARTICVILLE ROAD

CITY/ST/ZIP: LANCASTER, PA 17603

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: ALAN M. WOLFERS TITLE: PRESIDENT ADDRESS: 8 MARTICVILLE ROAD CITY/ST/ZIP/CO: LANCASTER, PA 17603	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: ELIZABETH BARRETT TITLE: DIRECTOR ADDRESS: 8 MARTICVILLE RD CITY/ST/ZIP/CO: LANCASTER, PA 17603	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID B. ANDERSON TITLE: SECRETARY ADDRESS: 8 MARICVILLE ROAD CITY/ST/ZIP/CO: LANCASTER, PA 17603	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: BETH CARRINGTON TITLE: DIRECTOR ADDRESS: 1920 SIXTH AVE NORTH CITY/ST/ZIP/CO: ORONO, MN 55356	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
NAME: ERIC FRADIN TITLE: DIRECTOR ADDRESS: 9560 GROSS POINT RD #604B CITY/ST/ZIP/CO: SKOKIE, IL 60076	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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/ ALAN M. WOLFERS	ALAN M. WOLFERS, PRESIDENT	1/13/2016
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.