

1.) CORPORATION NAME:

Captive Resources Insurance Services, Inc.

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1745654**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 201 E COMMERCE DR

CITY/ST/ZIP: SCHAUMBURG, IL 60173

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.

<p>NAME: GEORGE V RUSU TITLE: PRESIDENT ADDRESS: 201 E COMMERCE DR CITY/ST/ZIP/CO: SCHAUMBURG, IL 60173</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL J KILBANE TITLE: CFO/T ADDRESS: 201 E COMMERCE DRIVE CITY/ST/ZIP/CO: SCHAUMSBURG, IL 60173</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JENNIFER T BEARD TITLE: SECRETARY ADDRESS: 201 E COMMERCE DR CITY/ST/ZIP/CO: SCHAUMBURG, IL 60173</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: GLENN G CARLSON TITLE: ASST SECRETARY ADDRESS: 201 E COMMERCE DR CITY/ST/ZIP/CO: SCHAUMBURG, IL 60173</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CINDY S KEHL TITLE: ASST SECRETARY ADDRESS: 201 E COMMERCE DRIVE CITY/ST/ZIP/CO: SCHAUMBURG, IL 60173</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: TERESA A PALZ TITLE: ASST SECRETARY ADDRESS: 201 E COMMERCE DRIVE CITY/ST/ZIP/CO: SHAUMBURG, IL 60173</p>	<input checked="" type="checkbox"/> OFFICER	<input 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/ GLENN G CARLSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GLENN G CARLSON, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	3/20/2015 DATE
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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.