

1.) CORPORATION NAME:

First Midwest Insurance Services, Inc.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**INCORP SERVICES INC
7288 HANOVER GREEN DR
MECHANICSVILLE, VA 23111**

SCC ID NO: **F1750365**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	9,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 207 W JEFFERSON STREET STE 102

CITY/ST/ZIP: BLOOMINGTON, IL 61701

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: J. ERIC HAGLER TITLE: PRESIDENT ADDRESS: 207 W JEFFERSON ST, STE 102 CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM CANTRELL TITLE: DIRECTOR ADDRESS: 207 W JEFFERSON STREET STE 102 CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DAVID NEVINSKI TITLE: DIRECTOR ADDRESS: 207 W JEFFERSON STREET STE 102 CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: TERRY BUFFALO TITLE: PRESIDENT ADDRESS: 207 W JEFFERSON STREET STE 102 CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JAMES LINNA TITLE: CHAIRMAN ADDRESS: 207 W JEFFERSON STREET STE 102 CITY/ST/ZIP/CO: BLOOMINGTON, IL 61701</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Michael Tuohey TITLE: SECRETARY ADDRESS: 207 W. Jefferson Street, Suite 102 CITY/ST/ZIP/CO: Bloomington , IL 61701</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	Mike Tuohey	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	207 W. Jefferson Street		
CITY/ST/ZIP/CO:	Suite 102 Bloomington , IL 61701		

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/ Michael Tuohey	Michael Tuohey ,	4/11/2012
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.