

1.) CORPORATION NAME:

**Insurance Agency Marketing Services, Inc.**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1752130**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 407 N 117TH ST STE 100

CITY/ST/ZIP: OMAHA, NE 68154

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: CHARLES M HEURING TITLE: PRES/CEO ADDRESS: 1212 S. 185 CIR CITY/ST/ZIP/CO: OMAHA, NE 68130</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: STEVE M MURRAY TITLE: EXEC VP/COO ADDRESS: 909 S. 164 ST CITY/ST/ZIP/CO: OMAHA, NE 68118</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: FLOYD A JOHNSON TITLE: TREASURER ADDRESS: 1502 N. 54TH ST CITY/ST/ZIP/CO: OMAHA, NE 68104</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BRIAN F GENGLER TITLE: DIRECTOR ADDRESS: 6501 WILLOW WOOD RD CITY/ST/ZIP/CO: EDINA, MN 55436</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Michael Miller TITLE: DIRECTOR ADDRESS: 4348 Pulmwood Dr CITY/ST/ZIP/CO: West Des Moines, IA 50265</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Brenda Cushing TITLE: DIRECTOR ADDRESS: 2816 Jordan Grove CITY/ST/ZIP/CO: West Des Moines, IA 50265</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lance Sparks DIRECTOR 6820 SW Cottonwood Cir Topeka, KS 66614	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Charles Heuring DIRECTOR 1212 S 185 Cir Omaha, NE 68130	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Steve Murray DIRECTOR 909 S 164th St Omaha, NE 68118	<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/ CHARLES M HEURING SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES M HEURING, PRES/CEO PRINTED NAME AND CORPORATE TITLE	6/22/2012 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.			