

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212502475

1.) CORPORATION NAME:

Two Rivers Insurance Services, Inc. (Two RiversInsurance Company, Inc.)

DUE DATE: **1/31/2012**

SCC ID NO: **F1812439**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI NATIONAL REGISTERED AGENTS, INC. 4001 North Ninth Street, Suite 227 ARLINGTON, VA 22203**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 214 NORTH MAIN ST

CITY/ST/ZIP: BURLINGTON, IA 52601-

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: JEFFREY RUCKER TITLE: VICE PRESIDENT ADDRESS: 214 NORTH MAIN ST CITY/ST/ZIP/CO: BURLINGTON, IA 52601-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARK LEHMAN TITLE: TREASURER ADDRESS: 214 NORTH MAIN ST CITY/ST/ZIP/CO: BURLINGTON, IA 52601-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID MCMURRAY TITLE: DIRECTOR ADDRESS: 214 NORTH MAIN ST CITY/ST/ZIP/CO: BURLINGTON, IA 52601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JIM OLSON TITLE: DIRECTOR ADDRESS: 214 NORTH MAIN ST CITY/ST/ZIP/CO: BURLINGTON, IA 52601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SCOTT SAVERAID TITLE: DIRECTOR ADDRESS: 214 NORTH MAIN ST CITY/ST/ZIP/CO: BURLINGTON, IA 52601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BRIAN HELLING TITLE: DIRECTOR ADDRESS: 214 N MAIN ST CITY/ST/ZIP/CO: BURLINGTON, IA 52601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: SCOTT A SAVERAID TITLE: PRESIDENT ADDRESS: 214 N MAIN ST CITY/ST/ZIP/CO: BURLINGTON, IA 52601-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TOM THOMS TITLE: DIRECTOR ADDRESS: 214 N MAIN ST CITY/ST/ZIP/CO: BURLINGTON, IA 52601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ MARK LEHMAN	MARK LEHMAN, TREASURER	1/17/2012
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.