

1.) CORPORATION NAME:

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

DUE DATE: **1/31/2014**

SCC ID NO: **F1812439**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO 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:	SCOTT A SAVERAID	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	214 N MAIN ST		
CITY/ST/ZIP/CO:	BURLINGTON, IA 52601		

NAME:	MARK LEHMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	214 N MAIN ST		
CITY/ST/ZIP/CO:	BURLINGTON, IA 52601		

NAME:	MARK LEHMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	214 NORTH MAIN ST		
CITY/ST/ZIP/CO:	BURLINGTON, IA 52601		

NAME:	BRIAN HELLING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	214 N MAIN ST		
CITY/ST/ZIP/CO:	BURLINGTON, IA 52601		

NAME:	DAVID MCMURRAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	214 NORTH MAIN ST		
CITY/ST/ZIP/CO:	BURLINGTON, IA 52601		

NAME:	JIM OLSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	214 NORTH MAIN ST		
CITY/ST/ZIP/CO:	BURLINGTON, IA 52601		

NAME: TOM THOMS TITLE: DIRECTOR ADDRESS: 214 N MAIN ST CITY/ST/ZIP/CO: BURNLINGTON, IA 52601	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: BRIAN MATLOCK TITLE: VICE 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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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/ SCOTT A SAVERAID	SCOTT A SAVERAID, PRESIDENT	1/3/2014
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.