

1.) CORPORATION NAME: Estate Insurance Services, Ltd.	DUE DATE: 7/31/2013
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PATRICK ROTH 4604-H PINECREST OFFICE PARK DR ALEXANDRIA, VA	SCC ID NO: F1903816
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: MA	

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 444 WASHINGTON ST #407 CITY/ST/ZIP: WOBURN, MA 01801
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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: WILLIAM H MCCANCE TITLE: PRESIDENT ADDRESS: 444 WASHINGTON ST #407 CITY/ST/ZIP/CO: WOBURN, MA 01801	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: SUSAN LE MOINE TITLE: SEC/TREAS ADDRESS: 444 WASHINGTON ST #407 CITY/ST/ZIP/CO: WOBURN, MA 01801	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME: PATRICK ROTH TITLE: DIRECTOR ADDRESS: 4604-H PINECREST OFFICE PARK DR CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312	<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/ SUSAN LE MOINE	SUSAN LE MOINE, SEC/TREAS	5/30/2013
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.