State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
163001	Insential, Inc			
3. Street Address Principal Business Office		City	State	Zip
5601 Granite Parkway, Suite 240		Plano	Texas	75024
4. Business Phone No.	5. State of Incorporation			
630-571-6160	Wisconsin			

6. Brief Description of the Character of Business Conducted in Rhode Island
Insurance Agency

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Darwin Earl Lucas			None		
Street Address			Street Address		
6052 Arboretum Drive					
City	State	Zip	City	State	Zip
Frisco	TX	75034			
Secretary Name			Treasurer Name		
Karl Leo			John willenborg		
Street Address			Street Address		
2221 DeRussey Road			1331 N. Walnut Street		
City	State	Zip	City	State	Zip
Hunstville	AL	35801	Arlington Heights	IL	60004

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Diane Hendricks			Don Urbanciz		
Street Address			Street Address		
4007 Eau Clair			8636 Pine Ridge Drive		
City	State	Zip	City	State	Zip
Afton	WI	53501	Frankfort	IL	60423
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000.00	CWP	1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

John Willenborg 2/7/09
Signature *Date*

John Willenborg
Print or Type Name

[redacted] Controller
Title

File Date	FILED
Check No.	FEB 17 2009
By:	By 2570

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08