



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

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000148015

2. Name of Corporation CENTRAL INSURANCE MANAGEMENT, INC.

3. Street Address Principal Business Office:

No. and Street: 3625 NORTH SHERIDAN ROAD

City or Town: PEORIA

State: IL

Zip: 61633

Country: USA

4. Business Phone No.

3096822334

5. State of Incorporation

State: IL

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

NONRESIDENT INSURANCE AGENCY SALES AND SERVICE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	WILLIAM MEISEN	6605 SE LAKE ROAD PORTLAND, OR 97222 USA
SECRETARY	MARK LUCAS	3625 N SHERIDAN ROAD PEORIA, IL 61633 USA
VICE PRESIDENT	MICHAEL KINNARY	3625 N SHERIDAN ROAD PEORIA, IL 61633 USA
VICE PRESIDENT	DEAN PARKER	3625 N SHERIDAN ROAD PEORIA, IL 61633 USA
VICE PRESIDENT	DANIEL PLATT	10101 REUNION PLACE, SUITE 500 SAN ANTONIO, TX 78216 USA
DIRECTOR	MARK HAUSHILL	10101 REUNION PLACE, SUITE 500 SAN ANTONIO, TX 78216 USA
DIRECTOR	RONALD GIVEN	10101 REUNION PLACE, SUITE 500 SAN ANTONIO, TX 78216 USA
DIRECTOR	CRAIG COMEAUX	10101 REUNION PLACE, SUITE 500 SAN ANTONIO, TX 78216 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	1,000.00	250

9. 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.

Signed this 20 Day of February, 2009 at 9:44:08 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By AMANDA WILLIAMS
Signature of Authorized Representative of the Corporation

ACCOUNTANT
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

