



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(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: 2011

1. Corporate ID No. 000118431

2. Name of Corporation CFG Insurance Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 11140 ROCKVILLE PIKE
SUITE 400

City or Town: ROCKVILLE State: MD Zip: 20852 Country: USA

4. Business Phone No.

301-468-0100

5. State of Incorporation

State: MD

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

TO ENGAGE IN THE SALE AND SERVICE OF INSURANCE RELATED PRODUCTS

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
TREASURER	GARY S. HURVITZ	11140 ROCKVILLE PIKE, SUITE 400 ROCKVILLE , MD 20852 USA
SECRETARY	STEVE R. PORTER	11140 ROCKVILLE PIKE, SUITE 400 ROCKVILLE , MD 20852 USA
PRESIDENT	ERIC G MEYERS	11140 ROCKVILLE PIKE, SUITE 400 ROCKVILLE, MD 20852- USA
VICE PRESIDENT	JAMES H DRESSELAERS	11140 ROCKVILLE PIKE, SUITE 400 ROCKVILLE , MD 20852 USA
DIRECTOR	WARREN J. ZACCARO	400 ROBERT STREET ST. PAUL, MN 55101 USA
DIRECTOR	GEORGE I. CONNOLLY	400 ROBERT STREET NORTH ST PAUL, MN 55101 USA
DIRECTOR	SUZANNE M. CHOCHREK	400 ROBERT STREET NORTH ST. PAUL, MN 55101 USA
DIRECTOR	RANDY F WALLACE	400 ROBERT STREET NORTH ST PAUL , MN 55101 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>
STK		\$1.00	100,000.00	800

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 7 Day of January, 2011 at 3:54:24 PM. *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 VANESSA ROBINSON
Signature of Authorized Representative of the Corporation

DIRECTOR OF LICENSING
Title

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

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