



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 114961		2. Name of Corporation Insight Insurance Services, Inc.			
3. Street Address Principal Business Office 2000 S. Batavia Avenue, Suite 300			City Geneva	State IL	Zip 60134
4. Business Phone No. 888-447-6289		5. State of Incorporation IL			
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Louis D. Levinson			Vice President Name Lynn K. Guerin		
Street Address 610 Broadway, 4th Floor			Street Address 10101 Reunion Place, Suite 500		
City New York	State NY	Zip 10012	City San Antonio	State TX	Zip 78216
Secretary Name Melinda Thompson			Treasurer Name Melinda Thompson		
Street Address 8720 Stony Point Parkway, Suite 300			Street Address 8720 Stony Point Parkway, Suite 300		
City Richmond	State VA	Zip 23235	City Richmond	State VA	Zip 23235
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Barbara L. Sutherland			Director Name Craig S. Comeaux		
Street Address 10101 Reunion Place, Suite 500			Street Address 10101 Reunion Place, Suite 500		
City San Antonio	State TX	Zip 78216	City San Antonio	State TX	Zip 78216
Director Name Louis D. Levinson			Director Name		
Street Address 610 Broadway, 4th Floor			Street Address		
City New York	State NY	Zip 10012	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 10,000	Class/Series CNP	Par Value 0

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.

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.

Barbara L. Sutherland
Signature Date 1-27-2012
Barbara L. Sutherland
Print or Type Name
Director
Title

FILED

File Date
FEB 21 2012

Check No.
1026746

By: *BY*

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