



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>271438</b>		2. Exact name of the Corporation <b>Insurance Staffers, Inc.</b>			
3. Principal office address <b>120 South LaSalle Street, Suite 1410</b>			City <b>Chicago</b>	State <b>IL</b>	Zip <b>60603</b>
4. Business Phone No. <b>(312) 726-1578</b>		5. State of Incorporation <b>Illinois</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Temporary employment services for insurance companies</b>					
President Name <b>Gregory Jacobson</b>			Vice-President Name <b>None</b>		
Street Address <b>120 South LaSalle Street, Suite 1410</b>			Street Address		
City <b>Chicago</b>	State <b>IL</b>	Zip <b>60603</b>	City	State	Zip
Secretary Name <b>Richard Jacobson</b>			Treasurer Name <b>Richard Jacobson</b>		
Street Address <b>120 South LaSalle Street, Suite 1410</b>			Street Address <b>120 South LaSalle Street, Suite 1410</b>		
City <b>Chicago</b>	State <b>IL</b>	Zip <b>60603</b>	City <b>Chicago</b>	State <b>IL</b>	Zip <b>60603</b>
7. SHARES AUTHORIZED			10. SHARES ISSUED (SEE BOX FOR ATTACHMENT)		
Director Name <b>Catherine Prete</b>			Director Name		
Street Address <b>120 South LaSalle Street, Suite 1410</b>			Street Address		
City <b>Chicago</b>	State <b>IL</b>	Zip <b>60603</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,250.00	Common	0.00

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.

**FILED**  
 File Date: **3/14/2012**  
 Check No: **104-1-2012**  
 By: **Dr. [Signature]**  
 FOR SECRETARY OF STATE

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.

**[Signature]**  
 Signature of Authorized Representative  
**Richard Jacobson**  
 Print or Type Name of Authorized Representative  
 Date: **3/14/2012**