



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. 000550732		2. Exact name of the Corporation Citi Assurance Services, Inc.			
3. Principal office address 3001 Meacham Blvd., Suite 100			City Fort Worth	State TX	Zip 76137
4. Business Phone No. 817/ 348-5301			5. State of Incorporation Texas		
6. Brief description of the character of business conducted in Rhode Island Insurance Agency					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Dava S. Carson			Vice-President Name Michael B. Sharpe		
Street Address 3001 Meacham Blvd., Suite 100			Street Address 3001 Meacham Blvd., Suite 100		
City Fort Worth	State TX	Zip yt137	City Fort Worth	State TX	Zip 76137
Secretary Name Gregg H. Lehman			Treasurer Name Paula D. Larkin		
Street Address 3001 Meacham Blvd. Suite 100			Street Address 3001 Meacham Blvd., Suite 100		
City Fort Worth	State TX	Zip 76137	City Fort Worth	State TX	Zip 76137
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Dava S. Carson			Director Name Gregg H. Lehman		
Street Address 3001 Meacham Blvd., Suite 100			Street Address 3001 Meacham Blvd., Suite 100		
City Fort Worth	State TX	Zip 76137	City Fort Worth	State TX	Zip 76137
Director Name Carolyn S. McCormick			Director Name Michael B. Sharpe		
Street Address 3001 Meacham Blvd., Suite 100			Street Address 3001 Meacham Blvd., Suite 100		
City Fort Worth	State TX	Zip 76137	City Fort Worth	State TX	Zip 76137
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" 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.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
500		common		0	

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 SECRETARY OF STATE
 CORPORATIONS DIV

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

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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
Gregg H. Lehman - Secretary
 Date **6/4/12**
 Print or Type Name of Authorized Representative