



**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 2011**

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

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