



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: 2015

1. Corporate ID No. 000154305

2. Name of Corporation Intersections Insurance Services Inc

3. Street Address Principal Business Office:

No. and Street: 315 W UNIVERSITY DRIVE

City or Town: ARLINGTON HEIGHTS

State: IL

Zip: 60004

Country: USA

4. Business Phone No.

5. State of Incorporation

State: IL

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

Insurance and optional membership/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
PRESIDENT	MICHAEL R. STANFIELD	3901 STONECROFT BLVD. CHANTILLY, VA 20151 USA
TREASURER	TRACY WARD	3901 STONECROFT BLVD. CHANTILLY, VA 20151 USA
SECRETARY	NEAL B. DITTERSDORF	3901 STONECROFT BLVD. CHANTILLY, VA 20151 USA
ASSISTANT SECRETARY	WENDY L. WEINBERGER	3901 STONECROFT BLVD. CHANTILLY, VA 20151 USA
DIRECTOR	NEAL B. DITTERSDORF	3901 STONECROFT BLVD.

		CHANTILLY, VA 20151 USA
DIRECTOR	MICHAEL R. STANFIELD	3901 STONECROFT BLVD. CHANTILLY, VA 20151 USA
DIRECTOR	WENDY L. WEINBERGER	3901 STONECROFT BLVD. CHANTILLY, VA 20151 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>
CWP		\$0.0100	1,000.00	1000

**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 11 Day of February, 2015 at 2:24:05 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 MICHELLE DONATO  
Signature of Authorized Representative of the Corporation

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

Form No. 630  
Revised 09/07

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