



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

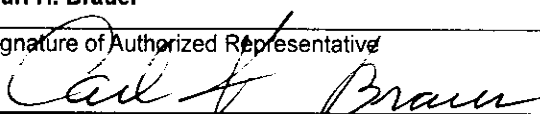
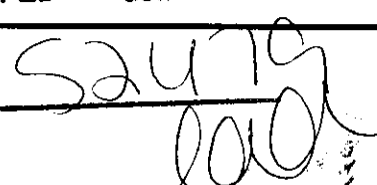
Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000561714		2. Exact name of the Corporation Republic Insured Credit Services, Inc.			
3. Principal Office Address 307 N. Michigan Ave.			City Chicago	State IL	Zip 60601
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island insurance agency			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Leonard S. Milazzo			Vice-President Name Philip M Szczepkowski		
Street Address 307 N. Michigan Ave.			Street Address 307 N. Michigan Ave.		
City Chicago	State IL	Zip 60601	City Chicago	State IL	Zip 60601
Secretary Name Carl H. Brauer			Treasurer Name Francisco Jasso		
Street Address 307 N. Michigan Ave.			Street Address 307 N. Michigan Ave.		
City Chicago	State IL	Zip 60601	City Chicago	State IL	Zip 60601
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Leonard S. Milazzo			Director Name Kevin J. Henry		
Street Address 307 N. Michigan Ave.			Street Address 101 N. Cherry St.		
City Chicago	State IL	Zip 60601	City Winston-Salem	State NC	Zip 27101
Director Name Aldo C. Zucaro			Director Name		
Street Address 307 N. Michigan Ave.			Street Address		
City Chicago	State IL	Zip 60601	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000		1.00
11. 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.					
Name of Authorized Representative Carl H. Brauer				Date February 17, 2017	
Signature of Authorized Representative 				FILED FEB 21 2017 	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017