No. <b>C 193853</b>		Due no later than Feb 28, 2013 Annual Report Form  1. Mailing Address: Correct in this box if needed.  CAPTIVE RESOURCES INSURANCE SERVICES, INC. C/O CUMBERLAND LICENSING CORP ATTN ED LEMIRE PO BOX 7543 CUMBERLAND RI 02864		2. Registered Age	Registered Agent and Address (NO PO BOX)  NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE				1423 TYRELL L BOISE ID 83: USA				
4. Corporations: Enter	Names and Busin	ess Addresses o	f President, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	GLENN CARL		201 E COMMERCE DR	SCHUAMBURG	<u>I</u> L	USA	60173	
TREASURER MICHAEL KIL			201 COMMERCE DR	SCHUAMBURG	IL	USA	60173	
DIRECTOR GEORGE RUS			201 COMMERCE DR	SCHUAMBURG	IL	USA	60173	
PRESIDENT SECRETARY	GEORGE V JENNIFER T		201 E COMMERCE DR 201 E COMMERCE	SCHAUMBURG SCHAUMBURG	IL IL	USA USA	60173 60173	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IL C 193853		Signature: Glenn Carlson		Date: 01/28/2013				
		Name (type or print): Glenn Carlson		Title: Assistant Secretary				
Processed 01/28/2013	}	* Electronically	provided signatures are accepted as original	signatures.				