

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001649

FILED
Apr 18, 2012
Secretary of State

Entity Name: SOCIUS INSURANCE SERVICES, INC.

Current Principal Place of Business:

301 HOWARD ST., STE. 1030
SAN FRANCISCO, CA 94105

New Principal Place of Business:

Current Mailing Address:

1350 CARLBACK AVENUE
SUITE 200
WALNUT CREEK, CA 94596

New Mailing Address:

FEI Number: 94-3399986 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: HEFFERNAN, F. MICHAEL III
Address: 1350 CARLBACK AVE., STE. 200
City-St-Zip: WALNUT CREEK, CA 94596

Title: PD
Name: HANLEY, PATRICK
Address: 301 HOWARD ST., STE. 1030
City-St-Zip: SAN FRANCISCO, CA 94105

Title: SVP
Name: LEFCOURT, PAUL J
Address: 301 HOWARD ST., STE. 1030
City-St-Zip: SAN FRANCISCO, CA 94105

Title: S
Name: RIZZO, CAROL
Address: 301 HOWARD ST., STE. 1030
City-St-Zip: SAN FRANCISCO, CA 94105

Title: T
Name: SEBASTIANI, DANIELE
Address: 1350 CARLBACK AVE., STE 350
City-St-Zip: WALNUT CREEK, CA 94596

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANIELE SEBASTIANI

T

04/18/2012

Electronic Signature of Signing Officer or Director

_____ Date