

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001649

FILED
Apr 20, 2009
Secretary of State

Entity Name: SOCIUS INSURANCE SERVICES, INC.

Current Principal Place of Business:

120 HOWARD ST., STE. 220
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:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEFFERNAN, FRANCIS M III
Address: 1350 CARLBACK AVE., STE. 200
City-St-Zip: WALNUT CREEK, CA 94596

Title: P () Delete
Name: HANLEY, PATRICK
Address: 120 HOWARD ST., STE. 220
City-St-Zip: SAN FRANCISCO, CA 94105

Title: SVP () Delete
Name: LEFCOURT, PAUL J
Address: 1350 CARLBACK AVE., STE. 200
City-St-Zip: WALNUT CREEK, CA 94596

Title: S () Delete
Name: RIZZO, CAROL
Address: 1350 CARLBACK AVE., STE. 200
City-St-Zip: WALNUT CREEK, CA 94596

Title: T () Delete
Name: SEBASTIANI, DAN
Address: 1350 CARLBACK AVE., STE 200
City-St-Zip: WALNUT CREEK, CA 94596

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: LEFCOURT, PAUL J
Address: 120 HOWARD ST., STE. 220
City-St-Zip: SAN FRANCISCO, CA 94105

Title: S (X) Change () Addition
Name: RIZZO, CAROL
Address: 120 HOWARD ST., STE. 220
City-St-Zip: SAN FRANCISCO, CA 94105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DANIELE SEBASTIANI

T

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date