

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000093365

FILED
Jan 10, 2011
Secretary of State

Entity Name: ARROYO INSURANCE SERVICES, INC.

Current Principal Place of Business:

440 E. HUNTINGTON DRIVE
100
ARCADIA, CA 91006 US

New Principal Place of Business:

Current Mailing Address:

440 E. HUNTINGTON DRIVE
100
ARCADIA, CA 91006 US

New Mailing Address:

FEI Number: 95-4089708 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: P
Name: TOM, CRAIG W
Address: 440 E HUNTINGTON DRIVE
City-St-Zip: ARCADIA, CA 91006 US

Title: VP
Name: ARMITAGE, JAMES T SR.
Address: 440 E. HUNTINGTON DRIVE
City-St-Zip: ARCADIA, CA 91006 US

Title: SEC
Name: OLHASSO, WILLIAM
Address: 2900 W BROADWAY
City-St-Zip: LOS ANGELES, CA 90041

Title: TREA
Name: OLHASSO, WILLIAM
Address: 2900 W. BROADWAY
City-St-Zip: LOS ANGELES, CA 90041 US

Title: VP
Name: KNAUF, ROBERT
Address: 2900 W. BROADWAY
City-St-Zip: LOS ANGELES, CA 90041 US

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: JAMES T. ARMITAGE

VP

01/10/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date