

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004799

FILED
Apr 27, 2005
Secretary of State

Entity Name: OPTION ONE INSURANCE AGENCY, INC.

Current Principal Place of Business:

3 ADA
IRVINE, CA 92618

New Principal Place of Business:

Current Mailing Address:

3 ADA
IRVINE, CA 92618

New Mailing Address:

FEI Number: 33-0839046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: PCEO () Delete
Name: DUBRISH, ROBERT E
Address: 19032 NATHAN CIRCLE
City-St-Zip: VILLA PARK, CA 92861

Title: AS () Delete
Name: DALE, SUGIMOTO
Address: 23912 BARTON STREET
City-St-Zip: LAKE FOREST, CA 92630

Title: TD () Delete
Name: O'NEILL, WILLIAM L
Address: 33052 SEAWATCH
City-St-Zip: DANA POINT, CA 92629

Title: S () Delete
Name: CLARKE, DANA FREDERICK
Address: 5 SALK
City-St-Zip: IRVINE, CA 92620

Title: S () Delete
Name: STEVEN, NADON L
Address: 2317 CRANSTON LANE
City-St-Zip: TUSTIN, CA 92782

Title: VPA () Delete
Name: GANSHIRT, LINDA A
Address: 24808 ADEN AVENUE
City-St-Zip: NEWHALL, CA 91321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ASEC (X) Change () Addition
Name: DALE, SUGIMOTO
Address: 23912 BARTON STREET
City-St-Zip: LAKE FOREST, CA 92630

Title: CFOD (X) Change () Addition
Name: O'NEILL, WILLIAM L
Address: 33052 SEAWATCH
City-St-Zip: DANA POINT, CA 92629

Title: SD (X) Change () Addition
Name: NADON, STEVEN L
Address: 3 ADA
City-St-Zip: IRVINE, CA 92618

Title: ASEC (X) Change () Addition
Name: WOLFE, JEFF M
Address: 3 ADA
City-St-Zip: IRVINE, CA 92618

Title: SVP (X) Change () Addition
Name: CAMPERI, FABIOLA N
Address: 2 ADA
City-St-Zip: IRVINE, CA 92618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JEFF M WOLFE

ASEC

04/27/2005

Electronic Signature of Signing Officer or Director

Date