

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003720

FILED
Jan 26, 2006
Secretary of State

Entity Name: NC INSURANCE SERVICES, INC.

Current Principal Place of Business:

1610 EAST ST. ANDREW PLACE
SUITE B150
IRVINE, CA 92705

New Principal Place of Business:

Current Mailing Address:

3351 MICHELSON DR. STE 400
MAIL STOP 1-3351-4-235
IRVINE, CA 92612

New Mailing Address:

FEI Number: 11-3715747 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: PD () Delete
Name: CLOYD, KEVIN
Address: 18400 VON KARMAN, SUITE 1000
City-St-Zip: IRVINE, CA 92612

Title: CFO () Delete
Name: DODGE, PATTI M
Address: 18400 VON KARMAN, SUITE 1000
City-St-Zip: IRVINE, CA 92612

Title: VPD () Delete
Name: RIVELLI, DENNIS E JR
Address: 1610 EAST ST. ANDREW PLACE
City-St-Zip: SANTA ANA, CA 92705

Title: S () Delete
Name: THEOLOGIDES, STERGIOS
Address: 18400 VON KARMAN, SUITE 1000
City-St-Zip: IRVINE, CA 92612

Title: D () Delete
Name: GOTSCHALL, ED
Address: 18400 VON KARMAN, SUITE 1000
City-St-Zip: IRVINE, CA 92612

Title: D () Delete
Name: MORRICE, BRAD
Address: 18400 VON KARMAN, SUITE 1000
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS RIVELLI, JR.

VP

01/26/2006

Electronic Signature of Signing Officer or Director

_____ Date