

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004270

FILED
Mar 14, 2011
Secretary of State

Entity Name: INTERMEDIARY INSURANCE SERVICES, INC.

Current Principal Place of Business:

180 MONTGOMERY STREET
5TH FLOOR
SAN FRANCISCO, CA 94104

New Principal Place of Business:

Current Mailing Address:

180 MONTGOMERY STREET
5TH FLOOR
SAN FRANCISCO, CA 94104

New Mailing Address:

FEI Number: 94-2872506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: HUTTON, CHRISTOPHER J
Address: 501 KNIGHTS RUN AVE. #2113
City-St-Zip: TAMPA, FL 33602

Title: COO
Name: NORIEGA, BRUCE N
Address: 1532 EDMOND DRIVE
City-St-Zip: SAN CARLOS, CA 94583

Title: EVP
Name: HENRY, JAMES P
Address: 548 SANTANDER DRIVE
City-St-Zip: SAN RAMON, CA 94583

Title: VP
Name: HUTCHISON, ROY
Address: I-20 AT ALPINE ROAD
City-St-Zip: COLUMBIA, SC 29219

Title: CFO
Name: KEMMERLIN, KARL
Address: I-20 AT ALPINE ROAD
City-St-Zip: COLUMBIA, SC 29219

Title: SECR
Name: MCINTOSH, DUNCAN
Address: I-20 AT ALPINE ROAD
City-St-Zip: COLUMBIA, SC 29219

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: BRUCE NORIEGA

COO

03/14/2011

Electronic Signature of Signing Officer or Director

Date