2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004895

Entity Name: WAMU INSURANCE SERVICES, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
17861 VON KARMAN AVE IRVINE, CA 92614 US	17861 VON KARMAN AVENUE, BLDG. E IRVINE, CA 92614 US

Current Mailing Address:	**New Mailing Address:**
4 NEW YORK PLAZA FLOOR 19 NEW YORK, NY 10004 US	17861 VON KARMAN AVENUE, BLDG. E IRVINE, CA 92614 US

FEI Number: 95-3840806   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ROAD PLANTATION, FL 33324 US	

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/D
Name: PANTALEO, LAURA A
Address: 17861 VON KARMAN AVENUE, BLDG. E
City-St-Zip: IRVINE, CA 92614 US

Title: VP
Name: MEADE, COLLEEN A
Address: 17861 VON KARMAN AVENUE, BLDG. E
City-St-Zip: IRVINE, CA 92614 US

Title: SEC
Name: JORDAN, MARIE I
Address: 17861 VON KARMAN AVENUE, BLDG. E
City-St-Zip: IRVINE, CA 92614 US

Title: T/D
Name: BARRELL, DAVID S
Address: 17861 VON KARMAN AVENUE, BLDG. E
City-St-Zip: IRVINE, CA 92614 US

Title: DIR
Name: BURGER, CORRINE M
Address: 17861 VON KARMAN AVENUE, BLDG. E
City-St-Zip: CHICAGO, IL 60603 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: MICHELLE DONATO   POA   03/25/2011
            Electronic Signature of Signing Officer or Director   Date