


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000004715 1. Entity Name E-LOAN INSURANCE SERVICES, INC.	
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Principal Place of Business 6230 STONERIDGE MALL ROAD PLEASANTON, CA 94588	Mailing Address 6230 STONERIDGE MALL ROAD PLEASANTON, CA 94588
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DO NOT WRITE IN THIS SPACE



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3778571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000659512 03/16/07-80025-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WILLIAMS, CAMERON E 301 LIPPINCOTT DRIVE MARLTON, NJ 08053
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V LEFANOWICZ, MARK E 6230 STONERIDGE MALL ROAD PLEASANTON, CA 94588
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CFO NELSON, DARREN 6230 STONERIDGE MALL ROAD PLEASANTON, CA 94588
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS MCKINLAY, SCOTT D 6230 STONERIDGE MALL ROAD PLEASANTON, CA 94588
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SHAY, PAUL 301 LIPPINCOTT DRIVE MARLTON, NJ 08053
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Mark E. Lefanowicz February 27, 2007 (925) 847-6200	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		