

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 10, 2011
Secretary of State

Entity Name: TAYLOR WOODROW INSURANCE SERVICES, INC.

Current Principal Place of Business:

4900 N. SCOTTSDALE ROAD
SUITE 2000
SCOTTSDALE, AZ 85251

New Principal Place of Business:

Current Mailing Address:

4900 N. SCOTTSDALE ROAD
SUITE 2000
SCOTTSDALE, AZ 85251

New Mailing Address:

FEI Number: 20-5526012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: PD
Name: DELILLO, MARK A
Address: 4900 N. SCOTTSDALE RD., STE 2000
City-St-Zip: SCOTTSDALE, AZ 85251 US

Title: DVT
Name: WETHOR, STEPHEN J
Address: 4900 N. SCOTTSDALE RD., STE 2000
City-St-Zip: SCOTTSDALE, AZ 85251 US

Title: S
Name: SHERMAN, DARRELL C
Address: 4900 N. SCOTTSDALE RD., STE 2000
City-St-Zip: SCOTTSDALE, AZ 85251 US

Title: AS
Name: ESTRADA, CAROLINE G
Address: 4900 N. SCOTTSDALE RD., STE 2000
City-St-Zip: SCOTTSDALE, AZ 85251 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: CAROLINE G. ESTRADA

AS

03/10/2011

Electronic Signature of Signing Officer or Director

Date