

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 28, 2007
Secretary of State**

DOCUMENT# F06000005969

Entity Name: CALIFORNIA INSURANCE CENTER CORPORATION

Current Principal Place of Business:

3697 MT. DIABLO BLVD.,
STE 300
LAFAYETTE, CA 94549

New Principal Place of Business:

Current Mailing Address:

3697 MT. DIABLO BLVD.,
STE 300
LAFAYETTE, CA 94549

New Mailing Address:

FEI Number: 94-1742928 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: P () Delete
Name: HIGGINS, CORY
Address: 3697 MT. DIABLO BLVD. STE 300
City-St-Zip: LAFAYETTE, CA 94549

Title: V () Delete
Name: KANE, SUSAN
Address: 3697 MT. DIABLO BLVD. STE 300
City-St-Zip: LAFAYETTE, CA 94549

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HIGGINS, CORY
Address: 3697 MT. DIABLO BLVD. STE 300
City-St-Zip: LAFAYETTE, CA 94549

Title: EVP (X) Change () Addition
Name: KANE, SUSAN
Address: 3697 MT. DIABLO BLVD. STE 300
City-St-Zip: LAFAYETTE, CA 94549

Title: EVP () Change (X) Addition
Name: MCCORMICK, DANIEL
Address: 3697 MT. DIABLO BLVD., SUITE 300
City-St-Zip: LAFAYETTE, CA 94549

Title: EVP () Change (X) Addition
Name: LANG, CHRISTOPHER
Address: 3697 MT. DIABLO BLVD., SUITE 300
City-St-Zip: LAFAYETTE, CA 94549

Title: EVP () Change (X) Addition
Name: JAMES, BUCKLEY
Address: 3697 MT. DIABLO BLVD., SUITE 300
City-St-Zip: SUITE 300, 94549

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: CORY HIGGINS

PRES

02/28/2007

Electronic Signature of Signing Officer or Director

_____ Date