

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006128

FILED  
Jan 12, 2011  
Secretary of State

**Entity Name:** PREMIER INSURANCE MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

12255 EL CAMINO REAL  
STE 100  
SAN DIEGO, CA 92130

**New Principal Place of Business:**

**Current Mailing Address:**

12255 EL CAMINO REAL  
STE 100  
SAN DIEGO, CA 92130

**New Mailing Address:**

**FEI Number:** 99-0244097

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT 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: D  
Name: DEVORE, SUSAN MS  
Address: 13034 BALLANTYNE CORPORATE PLACE  
City-St-Zip: CHARLOTTE, NC 28208

Title: DP  
Name: DOWDY, ROBERT L MR  
Address: 13034 BALLANTYNE CORPORATE PLACE  
City-St-Zip: CHARLOTTE, NC 28208

Title: VP  
Name: HREN, JOELLE  
Address: 12255 EL CAMINO REAL, SUITE 100  
City-St-Zip: SAN DIEGO, CA 92130

Title: SVP  
Name: MEREDITH, LESLIE WAYNE  
Address: 12255 EL CAMINO REAL, SUITE 100  
City-St-Zip: SAN DIEGO, CA 92130

Title: VP  
Name: BRUCCIANI, CHRISTOPHER  
Address: 13034 BALLANTYNE CORPORATE PLACE  
City-St-Zip: CHARLOTTE, NC 28208

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: LESLIE WAYNE MEREDITH

SVP

01/12/2011

Electronic Signature of Signing Officer or Director

Date