2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2009
Secretary of State

DOCUMENT# F08000002971

Entity Name: PREMIER ACCESS INSURANCE COMPANY

Current Principal Place of Business:

8890 CAL CENTER DRIVE
SACRAMENTO, CA 95826

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 659010
SACRAMENTO, CA 95865

New Mailing Address:

FEI Number: 91-1857813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: ABBASZADEH, REZA
Address: 8890 CAL CENTER DRIVE
City-St-Zip: SACRAMENTO, CA 95826

Title: D ( ) Delete
Name: MCDOUGAL, BARTON
Address: 8890 CAL CENTER DRIVE
City-St-Zip: SACRAMENTO, CA 95826

Title: D ( ) Delete
Name: LOVETT, CARON
Address: 8890 CAL CENTER DRIVE
City-St-Zip: SACRAMENTO, CA 95826

Title: D ( ) Delete
Name: MUNNO, EDWARD
Address: 8890 CAL CENTER DRIVE
City-St-Zip: SACRAMENTO, CA 95826

Title: D ( ) Delete
Name: ELDER, JEFFREY
Address: 8890 CAL CENTER DRIVE
City-St-Zip: SACRAMENTO, CA 95826

Title: D ( ) Delete
Name: FULTON, RICHARD
Address: 8890 CAL CENTER DRIVE
City-St-Zip: SACRAMENTO, CA 95826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: REZA ABBASZADEH C 07/27/2009

Electronic Signature of Signing Officer or Director Date