

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 31, 2011
Secretary of State

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:

8890 CAL CENTER DRIVE
SACRAMENTO, CA 95826

FEI Number: 91-1857813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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

OFFICERS AND DIRECTORS:

Title: CEO
Name: ABBASZADEH, REZA
Address: 8890 CAL CENTER DRIVE
City-St-Zip: SACRAMENTO, CA 95826

Title: D
Name: MCDUGAL, BARTON
Address: 8890 CAL CENTER DRIVE
City-St-Zip: SACRAMENTO, CA 95826

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

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

Title: CFO
Name: HIDEO, KAKIUCHI
Address: 8890 CAL CENTER DRIVE
City-St-Zip: SACRAMENTO, CA 95826

Title: CMO
Name: FULTON, RICHARD
Address: 8890 CAL CENTER DRIVE
City-St-Zip: SACRAMENTO, CA 95826

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: HIDEO KAKIUCHI

CFO

03/31/2011

Electronic Signature of Signing Officer or Director

Date