

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001971

FILED
Apr 22, 2011
Secretary of State

Entity Name: RAMKADE INSURANCE SERVICES, INC.

Current Principal Place of Business:

21550 OXNARD STREET STE 500
WOODLAND HILLS, CA 91367

New Principal Place of Business:

Current Mailing Address:

4250 CRUMS MILL ROAD
HARRISBURG, PA 17112

New Mailing Address:

FEI Number: 95-3854237

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: DVP
Name: FORSTENZER, ANDREW
Address: 199 WATER STREET 28TH
City-St-Zip: NEW YORK, NY 10038

Title: DVP
Name: OBEBAUER, S. DAVISON
Address: 105 EISENHOWER PKWY
City-St-Zip: ROSELAND, NJ 07068

Title: P
Name: WINIKOFF, BRIAN
Address: 105 EISENHOWER PARKWAY
City-St-Zip: ROSELAND, NJ 07068

Title: S
Name: DUNKIN, ELLEN
Address: 199 WATER STREET 28TH FLOOR
City-St-Zip: NEW YORK, NY 10038

Title: T
Name: GALVIN, MICHAEL
Address: 4250 CRUMS MILL ROAD
City-St-Zip: HARRISBURG, PA 17112

Title: VP
Name: FOLMER, MICHAEL
Address: 4250 CRUMS MILL ROAD
City-St-Zip: HARRISBURG, PA 17112

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: MICHAEL FOLMER

VP

04/22/2011

Electronic Signature of Signing Officer or Director

Date