

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002104 (4)

1. Corporation Name
RYLAND INSURANCE SERVICES, INC.

Principal Place of Business
11000 BROKEN LAND PKWY.
COLUMBIA MD 21044

Mailing Address
11000 BROKEN LAND PKWY.
COLUMBIA MD 21044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

68-0365723

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, MICHAEL C
STREET ADDRESS 11000 BROKEN LAND PKWY.
CITY-ST-ZIP COLUMBIA MD 21044

TITLE ST
NAME GLOTH, PATRICIA S
STREET ADDRESS 11000 BROKEN LAND PKWY.
CITY-ST-ZIP COLUMBIA MD 21044

TITLE D
NAME BROWN, MICHAEL C
STREET ADDRESS 11000 BROKEN LAND PKWY.
CITY-ST-ZIP COLUMBIA MD 21044

TITLE D
NAME MANGAN, MICHAEL D
STREET ADDRESS 11000 BROKEN LAND PKWY.
CITY-ST-ZIP COLUMBIA MD 21044

TITLE V
NAME SCHULTZ, DAVID J
STREET ADDRESS 3350 WATT AVE., #F
CITY-ST-ZIP SACRAMENTO CA 95821

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME Jim Koczela
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Treasurer
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Secretary
3.2 NAME Michele Cohen
3.3 STREET ADDRESS 11000 Broken Land Pkwy
3.4 CITY-ST-ZIP Columbia MD 21044

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Asst. Treas.
6.2 NAME Rene L. mentch
6.3 STREET ADDRESS 11000 Broken Land Pkwy.
6.4 CITY-ST-ZIP Columbia MD 21044

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this annual report or supplemental annual report is true and accurate and that my 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 in
Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE [Signature]

CR2E034 (10/97)