2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004
Secretary of State

DOCUMENT# F97000002104

Entity Name: RYLAND INSURANCE SERVICES, INC.

Current Principal Place of Business:

14555 N HAYDEN ROAD
SUITE 100
SCOTTSDALE, AZ 85260 US

New Principal Place of Business:

Current Mailing Address:

6300 CANOGA AVENUE
14TH FLOOR
WOODLAND HILLS, CA 91367 US

New Mailing Address:

FEI Number: 68-0365723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	GRAHAM, CAROL	
Address:	14555 N HAYDEN ROAD SUITE 100	
City-St-Zip:	SCOTTSDALE, AZ 85260	
Title:	AT	( ) Delete
Name:	MENTCH, RENE L	
Address:	24025 PARK SORRENTO SUITE 400	
City-St-Zip:	CALABASAS, CA 91302	
Title:	VD	( ) Delete
Name:	CASS, SUSAN M	
Address:	6300 CANOGA AVENUE 14TH FLOOR	
City-St-Zip:	WOODLAND HILLS, CA 91367	
Title:	SD	( ) Delete
Name:	GECKLE, TIMOTHY J	
Address:	24025 PARK SORRENTO SUITE 400	
City-St-Zip:	CALABASAS, CA 91302	
Title:	T	( ) Delete
Name:	LOWE, CATHEY S	
Address:	24025 PARK SORRENTO SUITE 400	
City-St-Zip:	CALABASAS, CA 91302	
Title:	AS	( ) Delete
Name:	MARKHAN, SHERI L	
Address:	24025 PARK SORRENTO SUITE 400	
City-St-Zip:	CALABASAS, CA 91302	

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 for the exemption stated in Section 119.07(3)(i), 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: SUSAN M. CASS VD 04/05/2004

Electronic Signature of Signing Officer or Director Date