2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002104

Entity Name: RYLAND INSURANCE SERVICES, INC.

FILED Mar 11, 2008 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:				
SUITE 200	IERLAND BOU ALE, AZ 85254)						
Current Mailing Address:					New Mailing Address:				
14TH FLOO	OGA AVENUE OR ID HILLS, CA	91367	US						
FEI Number:	68-0365723	FEI Num	ber Applied For()	FEI Numb	er Not Applic	cable ()	Certific	ate of Status	Desired ()
Name and	Address of C	urrent R	egistered Agent:	N	lame and A	Address of	New Reg	jistered A	gent:
1201 HAYS	TION SERVIC STREET SEE, FL 3230								
The above in the State		ubmits th	is statement for the po	urpose of c	changing its	s registered	office or I	registered a	agent, or both,
SIGNATUR	RE:								
	Electroni	c Signatı	ire of Registered Age	nt				Date	
Election Carr	npaign Financing	Trust Fun	d Contribution ().						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	GRAHAM, CARC	AND BOUL	EVARD STE. 200 JS	N A	itle: lame: ddress: tity-St-Zip:	(() Change	() Addition	
Title: Name: Address: City-St-Zip:	AT () MENTCH, RENE 24025 PARK SO CALABASAS, CA	RRENTO		N A	itle: lame: ddress: city-St-Zip:	(() Change	() Addition	
Title: Name: Address: City-St-Zip:	D VP () MCDOWELL, SA 6300 CANOGA A WOODLAND HIL	VENUE 14		N A	itle: lame: .ddress: city-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	T () BROWN, DAVID 6300 CANOGA A WOODLAND HIL	VENUE 14		N A	itle: lame: .ddress: city-St-Zip:	(() Change	() Addition	
Title: Name: Address: City-St-Zip:	AS () WATSON, MART 6300 CANOGA A WOODLAND HIL	VE., 14TH		N A	itle: lame: .ddress: bity-St-Zip:	(() Change	() Addition	
Title: Name: Address: City-St-Zip:	()	Delete		N A	itle: lame: .ddress: :ity-St-Zip:	S (MENYUK, ER 6300 CANOG WOODLAND	IC A AVE., 14		

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: MARTYN WATSON AS 03/11/2008