

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002104

FILED
Apr 22, 2009
Secretary of State

Entity Name: RYLAND INSURANCE SERVICES, INC.

Current Principal Place of Business:

14635 N. KIERLAND BOULEVARD
SUITE 200
SCOTTSDALE, AZ 85254 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

24025 PARK SORRENTO
SUITE 100
CALABASAS, CA 91302 US

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: PRES () Delete
Name: GRAHAM, CAROL
Address: 14635 N. KIERLAND BOULEVARD STE. 200
City-St-Zip: SCOTTSDALE, AZ 85254 US

Title: AT () Delete
Name: MENTCH, RENE L
Address: 24025 PARK SORRENTO SUITE 400
City-St-Zip: CALABASAS, CA 91302 US

Title: D VP () Delete
Name: MCDOWELL, SANDRA
Address: 6300 CANOGA AVENUE 14TH FLOOR
City-St-Zip: WOODLAND HILLS, CA 91367 US

Title: T () Delete
Name: BROWN, DAVID
Address: 6300 CANOGA AVENUE 14TH FLOOR
City-St-Zip: WOODLAND HILLS, CA 91367 US

Title: S () Delete
Name: WATSON, MARTYN
Address: 6300 CANOGA AVE., 14TH FLOOR
City-St-Zip: WOODLAND HILLS, CA 91367 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D VP (X) Change () Addition
Name: MCDOWELL, SANDRA
Address: 24025 PARK SORRENTO SUITE 100
City-St-Zip: CALABASAS, CA 91302 US

Title: T (X) Change () Addition
Name: BROWN, DAVID
Address: 24025 PARK SORRENTO SUITE 100
City-St-Zip: CALABASAS, CA 91302 US

Title: S (X) Change () Addition
Name: WATSON, MARTYN
Address: 24025 PARK SORRENTO SUITE 100
City-St-Zip: CALABASAS, CA 91302 US

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

S

04/22/2009

Electronic Signature of Signing Officer or Director

Date