

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90009 016 \*\*\*150.00

DOCUMENT # F99000001301					
1. Entity Name AUTO-BY-TEL INSURANCE SERVICES, INC.					
Principal Place of Business 18872 MACARTHUR BLVD., 3RD FLOOR LEGAL DEPT IRVINE, CA 92612-1400		Mailing Address 18872 MACARTHUR BLVD., 3RD FLOOR LEGAL DEPT IRVINE, CA 92612-1400			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>33-0724053</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIESENBACH, JAMES E	NAME			
STREET ADDRESS	18872 MACARTHUR BLVD	STREET ADDRESS			
CITY-ST-ZIP	IRVINE, CA 92612	CITY-ST-ZIP			
TITLE	DEVP <input checked="" type="checkbox"/> Delete	TITLE	EVP/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHMIDT, MICHAEL	NAME	Houdeshell, Monty		
STREET ADDRESS	18872 MACARTHUR BLVD.	STREET ADDRESS	18872 MacArthur Blvd.		
CITY-ST-ZIP	IRVINE, CA 92612	CITY-ST-ZIP	Irvine, CA 92612		
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP/Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RICHLING, JILL	NAME	DeWalt, Curtis		
STREET ADDRESS	18872 MACARTHUR BLVD	STREET ADDRESS	18872 MacArthur Blvd.		
CITY-ST-ZIP	IRVINE, CA 92612	CITY-ST-ZIP	Irvine, CA 92612		
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AMIR, ARIEL	NAME			
STREET ADDRESS	18872 MACARTHUR BLVD.	STREET ADDRESS			
CITY-ST-ZIP	IRVINE, CA 926121400	CITY-ST-ZIP			
TITLE	VPAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FULLER, GLENN	NAME			
STREET ADDRESS	18872 MACARTHUR BLVD	STREET ADDRESS			
CITY-ST-ZIP	IRVINE, CA 92612	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		Ariel Amir		01/15/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		(949) 225-4500	
				Daytime Phone #	