## 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000104294

FILED Jan 08, 2010 Secretary of State

Entity Name: ARROWHEAD WHOLESALE INSURANCE SERVICES, LLC

Current Principal Place of Business: New Principal Place of Business:

3333 CAMINO DEL RIO SOUTH #340 SAN DIEGO, CA 92108

Current Mailing Address: New Mailing Address:

3333 CAMINO DEL RIO SOUTH #340 SAN DIEGO, CA 92108

FEI Number: 90-0340854 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HIQ CORPORATE SERVICES, INC. 1574 VILLAGE SQUARE BLVD., STE. 100 TALLAHASSEE, FL 32309 US

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: KILKENNY, PATRICK J

Address: 3333 CAMINO DEL RIO SOUTH #340

City-St-Zip: SAN DIEGO, CA 92108

Title: MGRM

Name: KILKENNY, KEVIN SHAWN

Address: 3333 CAMINO DEL RIO SOUTH #340

City-St-Zip: SAN DIEGO, CA 92108

Title: MGRM

Name: YOUNG, ROBERT BERNARD
Address: 3333 CAMINO DEL RIO SOUTH #340

City-St-Zip: SAN DIEGO, CA 92108

Title: MGRM

Name: HOWARD, JEREMIAH S

Address: 3333 CAMINO DEL RIO SOUTH #340

City-St-Zip: SAN DIEGO, CA 92108

Title: MGRM

Name: HARMON, MARIANNE

Address: 3333 CAMINO DEL RIO SOUTH #340

City-St-Zip: SAN DIEGO, CA 92108

Title: MGRM

Name: KIMMEL, ROBERT JAMES

Address: 3333 CAMINO DEL RIO SOUTH #340

City-St-Zip: SAN DIEGO, CA 92108

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: KEVIN KILKENNY MGRM 01/08/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date