2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: HIGHLAND INSURANCE SOLUTIONS LLC

Current Principal Place of Business:

1240 E. ONTATIO AVE., SUITE 102-345
CORONA, CA 92881

New Principal Place of Business:

Current Mailing Address:

1240 E. ONTATIO AVE., SUITE 102-345
CORONA, CA 92881

New Mailing Address:

FEI Number: 27-3207110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLZ DR. STE A
TALLAHASSEE, FL 32301 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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WELLS, TOBY E
Address: 1240 E. ONTATIO AVE., SUITE 102-345
City-St-Zip: CORONA, CA 92881

Title: MGR
Name: HARALSON, ALI M
Address: 1240 E. ONTATIO AVE., SUITE 102-345
City-St-Zip: CORONA, CA 92881

Title: MGR
Name: DARBY, AMANDA M
Address: 1240 E. ONTATIO AVE., SUITE 102-345
City-St-Zip: CORONA, CA 92881

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: TOBY WELLS PRES 03/02/2011

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