

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002971

Entity Name: PREMIER ACCESS INSURANCE COMPANY**Current Principal Place of Business:**8890 CAL CENTER DRIVE
SACRAMENTO, CA 95826**Current Mailing Address:**8890 CAL CENTER DRIVE
SACRAMENTO, CA 95826**FEI Number:** 91-1857813**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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**Officer/Director Detail :**

Title	CEO
Name	ABBASZADEH, REZA
Address	8890 CAL CENTER DRIVE
City-State-Zip:	SACRAMENTO CA 95826

Title	D
Name	RAMEY, JOHN
Address	8890 CAL CENTER DRIVE
City-State-Zip:	SACRAMENTO CA 95826

Title	D
Name	ABBASZADEH, DEBRA
Address	8890 CAL CENTER DRIVE
City-State-Zip:	SACRAMENTO CA 95826

Title	CFO
Name	HIDEO, KAKIUCHI
Address	8890 CAL CENTER DRIVE
City-State-Zip:	SACRAMENTO CA 95826

Title	CMO, DIRECTOR
Name	FULTON, RICHARD
Address	8890 CAL CENTER DRIVE
City-State-Zip:	SACRAMENTO CA 95826

Title	DIRECTOR
Name	ELDER, JEFFREY
Address	440 CROCKER ROAD
City-State-Zip:	SACRAMENTO CA 95864

Title	DIRECTOR
Name	KOTHANDARAMAN, ARULKANNAN
Address	5 FIRST MAIN ROAD FLAT-2A, GANDHI NAGAR ADYAR
City-State-Zip:	CHENNAI 600020

I hereby 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 all other like empowered.

SIGNATURE: HIDEO KAKIUCHI

CFO

03/20/2013

Electronic Signature of Signing Officer/Director Detail_____
Date