

2015 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:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 PRESIDENT
Name WILLIAMSON, JOLYNNE I
Address 8890 CAL CENTER DRIVE
City-State-Zip: SACRAMENTO CA 95826

Title CONTROLLER
Name JONES, JERMAINE D
Address 8890 CAL CENTER DRIVE
City-State-Zip: SACRAMENTO CA 95826

Title TREASURER
Name SKINNER, WALTER R
Address 8890 CAL CENTER DRIVE
City-State-Zip: SACRAMENTO CA 95826

Title DIRECTOR
Name AHN, DONG H
Address 8890 CAL CENTER DRIVE
City-State-Zip: SACRAMENTO CA 95826

Title DIRECTOR
Name ECKER, ROBERTO C
Address 8890 CAL CENTER DRIVE
City-State-Zip: SACRAMENTO CA 95826

Title DIRECTOR
Name MARRA, RAYMOND J
Address 8890 CAL CENTER DRIVE
City-State-Zip: SACRAMENTO CA 95826

Title DIRECTOR
Name SWANKER, CHRISTOPHER T
Address 8890 CAL CENTER DRIVE
City-State-Zip: SACRAMENTO CA 95826

Title DIRECTOR
Name SHAW, STUART J
Address 8890 CAL CENTER DRIVE
City-State-Zip: SACRAMENTO CA 95826

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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: JERMAINE D. JONES**CONTROLLER****04/14/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SHAW, STUART J
Address	8890 CAL CENTER DRIVE
City-State-Zip:	SACRAMENTO CA 95826