2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002104

Entity Name: RYLAND INSURANCE SERVICES, INC.

Current Principal Place of Business:

8660 EAST HARTFORD DRIVE
SUITE 200
SCOTTSDALE, AZ 85255

Current Mailing Address:

3011 TOWNSGATE ROAD
SUITE 200A
WESTLAKE VILLAGE, CA 91361 US

FEI Number: 68-0365723

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:

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Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	S		Title	T
Name	GECKLE, TIMOTHY J		Name	NELSON, KIMBERLY G
Address	3011 TOWNSGATE ROAD, SUITE 200		Address	3011 TOWNSGATE ROAD, SUITE 200
City-State-Zip:	WESTLAKE VILLAGE CA 91361		City-State-Zip:	WESTLAKE VILLAGE CA 91361
Title	PRESIDENT, DIRECTOR		Title	ASST. SECRETARY
Name	PEARSON, KEVIN L.		Name	RIORDAN, ANDREA L.
Address	3011 TOWNSGATE ROAD SUITE 200		Address	3011 TOWNSGATE ROAD SUITE 200
City-State-Zip:	WESTLAKE VILLAGE CA 91361		City-State-Zip:	WESTLAKE VILLAGE CA 91361
Title	ASST. TREASURER		Title	ASST. SECRETARY
Name	MENTCH, RENE L.		Name	JOHNSON, TERESA
Address	3011 TOWNSGATE ROAD SUITE 200		Address	8660 E. HARTFORD DRIVE, SUITE 200
City-State-Zip:	WESTLAKE VILLAGE CA 91361		City-State-Zip:	SCOTTSDALE AZ 85255

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: RENE L. MENTCH   ASSISTANT TREASURER   02/28/2014

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Electronic Signature of Signing Officer/Director Detail   Date