

1.) CORPORATION NAME:

DUE DATE: **11/30/2010**

MEDICAL GROUP INSURANCE SERVICES, INC.

SCC ID NO: **F1359399**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

BUSINESS FILINGS INCORPORATED

4701 COX ROAD, STE. 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

UT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1849 W NORTH TEMPLE BLDG D

CITY/ST/ZIP: SALT LAKE CITY, UT 84116-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DANIEL J. BRUNKEN
TITLE: PRES/DIR
ADDRESS: 2459 FIELD ROSE DRIVE
CITY/ST/ZIP/CO: HOLLADAY, UT 84121-

OFFICER

DIRECTOR

NAME: JEFFREY D BRUNKEN
TITLE: SR VP/DIR
ADDRESS: 1849 NORTH TEMPLE
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84116-

OFFICER

DIRECTOR

NAME: R RAY TIFFANY, JR
TITLE: SECRETARY
ADDRESS: 1849 W NORTH TEMPLE
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84116-

OFFICER

DIRECTOR

NAME: TODD ORULLIAN
TITLE: CFO/TREAS
ADDRESS: 1849 W NORTH TEMPLE
CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84116-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DANIEL J. BRUNKEN

DANIEL J. BRUNKEN, PRES/DIR

9/28/2010

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE
TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.