

1.) CORPORATION NAME:

M Financial Holdings Incorporated

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

DUE DATE: **12/31/2011**

SCC ID NO: **F1361379**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000,000
PREFER	10,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1125 NW COUCH STREET
SUITE 900

CITY/ST/ZIP: PORTLAND, OR 97209-

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: FRED HENRY JONSKE OFFICER DIRECTOR
 TITLE: PRES/CEO
 ADDRESS: 1125 NW COUCH ST
 SUITE 900
 CITY/ST/ZIP/CO: PORTLAND, OR 97209-

NAME: DANIEL FRANCIS BYRNE OFFICER DIRECTOR
 TITLE: SR VP
 ADDRESS: 1125 NW COUCH ST STE 900
 CITY/ST/ZIP/CO: PORTLAND, OR 97209-

NAME: KEVIN BRUCE KUKAR OFFICER DIRECTOR
 TITLE: TREASURER
 ADDRESS: 1125 NW COUCH ST STE 900
 CITY/ST/ZIP/CO: PORTLAND, OR 97209-

NAME: DAVID WALTER SCHUTT OFFICER DIRECTOR
 TITLE: SECRETARY
 ADDRESS: 1125 NW COUCH ST STE 900
 CITY/ST/ZIP/CO: PORTLAND, OR 97209-

NAME: PETER WILLIAM MULLIN OFFICER DIRECTOR
 TITLE: CHAIRMAN
 ADDRESS: 2029 CENTURY PARK EAST
 37TH FLOOR
 CITY/ST/ZIP/CO: LOS ANGELES, CA 90067-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID JOSEPH COYLE DIRECTOR 95 SAWYER ROAD WALTHAM, MA 02453-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID JOHN DOWNEY DIRECTOR 1210 WEST ARMORY CHAMPAIGN, IL 61821-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES ALLEN CHENEY DIRECTOR 14072 SCENIC HIGHWAY LOOKOUTMOUNTAIN, GA 30750-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY J BROWN DIRECTOR 19800 MACARTHUR BOULEVARD SUITE 690 IRVINE, CA 92612-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN WALTER MEISENBACH DIRECTOR 1325 4TH AVENUE SUITE 2100 SEATTLE, WA 98101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN M BARRY DIRECTOR 1100 KENILWORTH AVENUE SUITE 2100 CHARLOTTE, NC 28204-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWTON M NEASE DIRECTOR 2100 RIVER EDGE PKWAY SUITE 200 ATLANTA, GA 30328-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK I SOLOMON DIRECTOR 308 E LANCASTER AVENUE SUITE 300 WYNNEWOOD, PA 19096-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD D MACK DIRECTOR 201 WEST 103RD STREET SUITE 100 INDIANAPOLIS, IN 46290-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

OFFICER DIRECTOR

NAME: VICTOR PALMIERI
TITLE: DIRECTOR
ADDRESS: 1437 VIA ANITA
CITY/ST/ZIP/CO: PACIFIC PALISADES, CA 90272-

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.

<u>/s/ KEVIN BRUCE KUKAR</u>	<u>KEVIN BRUCE KUKAR,</u>	<u>11/8/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>TREASURER</u> 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.