

1.) CORPORATION NAME:

DUE DATE: **11/30/2012**

**Total Financial & Insurance Services, Inc.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1446873**

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11835 W OLYMPIC BLVD SUITE 600

CITY/ST/ZIP: LOS ANGELES, CA 90064

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.

<p>NAME: MARVIN E GREENBERG TITLE: PRESIDENT ADDRESS: 11835 W OLYMPIC BLVD #600 CITY/ST/ZIP/CO: LOS ANGELES, CA 90064</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LORI M LIESER TITLE: VICE PRESIDENT ADDRESS: 500 W MADISON SUITE 2400 CITY/ST/ZIP/CO: CHICAGO, IL 60661</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LISA GREENBERG TITLE: S/T ADDRESS: 11835 W OLYMPIC BLVD #600 CITY/ST/ZIP/CO: LOS ANGELES, CA 90064</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DOUGLAS W. HAMMOND TITLE: DIRECTOR ADDRESS: 340 MADISON AVENUE 20TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10173</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MALIKA HINKSON TITLE: DIRECTOR ADDRESS: 340 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10173</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BRETT SCHNEIDER TITLE: DIRECTOR ADDRESS: 340 MADISON AVENUE CITY/ST/ZIP/CO: NEW YORK, NY 10173</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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/ LORI M LIESER	LORI M LIESER, VICE PRESIDENT	11/29/2012
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.		