

1.) CORPORATION NAME:

TrackSure Insurance Agency, Inc.

DUE DATE: **4/30/2011**

SCC ID NO: **F1583261**

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

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 S 12TH ST
PO BOX 1463**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2677 N MAIN ST STE 600

CITY/ST/ZIP: SANTA ANA, CA 92705-

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:	JEANNIE ARAGON-CRUZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	11222 QUAIL ROOST DR		
CITY/ST/ZIP/CO:	MIAMI, FL 33157-		
NAME:	ERIC M JUAREZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	2677 N. MAIN ST STE 600		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705-		
NAME:	GENE MERGELMEYER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2677 N. MAIN STREET, STE 600		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705-		
NAME:	DAVID MADIGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2677 N. MAIN STREET, STE 600		
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705-		
NAME:	BRUCE VANGEEST	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	260 INTERSTATE NORTH CIRCLE SE		
CITY/ST/ZIP/CO:	ATLANTA, GA 30339-		

NAME: JOHN A FROBOSE TITLE: VICE PRESIDENT ADDRESS: 260 INTERSTATE NORTH CIRCLE SE CITY/ST/ZIP/CO: ATLANTA, GA 30339-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: CHAD GLENN BULLARD TITLE: TREASURER ADDRESS: 260 INTERSTATE NORTH CIRCLE SE CITY/ST/ZIP/CO: ATLANTA, GA 30339-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ JEANNIE ARAGON-CRUZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEANNIE ARAGON-CRUZ, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/8/2011 DATE
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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.