

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212507990

1.) CORPORATION NAME:

TrackSure Insurance Agency, Inc.

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

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

DUE DATE: **4/30/2012**

SCC ID NO: **F1583261**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

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.

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	GENE MERGELMEYER			
TITLE:	PRESIDENT			
ADDRESS:	2677 N. MAIN STREET, STE 600			
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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
NAME:	BRUCE VANGEEEST			
TITLE:	VICE PRESIDENT			
ADDRESS:	260 INTERSTATE NORTH CIRCLE SE			
CITY/ST/ZIP/CO:	ATLANTA, GA 30339-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	DAVID MADIGAN			
TITLE:	VICE PRESIDENT			
ADDRESS:	2677 N. MAIN STREET, STE 600			
CITY/ST/ZIP/CO:	SANTA ANA, CA 92705-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JEANNIE ARAGON-CRUZ			
TITLE:	SECRETARY			
ADDRESS:	11222 QUAIL ROOST DR			
CITY/ST/ZIP/CO:	MIAMI, FL 33157-			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHAD GLENN BULLARD TREASURER 260 INTERSTATE NORTH CIRCLE SE ATLANTA, GA 30339-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC M JUAREZ CFO 2677 N. MAIN ST STE 600 SANTA ANA, CA 92705-	<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.

<u>/s/ JEANNIE ARAGON-CRUZ</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JEANNIE ARAGON-CRUZ,</u> <u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>3/5/2012</u> 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.