

1.) CORPORATION NAME:

SULLIVAN BROKERS WHOLESALE INSURANCE SOLUTIONS, INC.

DUE DATE: **3/31/2012**

SCC ID NO: **F1659509**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**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:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 800 W 6TH ST #1800

CITY/ST/ZIP: LOS ANGELES, CA 90017

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:	HARRY H HALDEMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 W 6TH ST #1800		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017		

NAME:	PAUL CUNNINGHAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	800 W 6TH STREET #1800		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017		

NAME:	BARBARA N REILLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	800 W 6TH ST #1800		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017		

NAME:	GERALD J SULLIVAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	800 W 6TH STREET #1800		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017		

NAME:	WILLIAM BUCKLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	800 W 6TH STREET #1800		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017		

NAME:	THOMAS SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	800 W. 6TH ST STE 1800		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90017		

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/ PAUL CUNNINGHAM	PAUL CUNNINGHAM, CFO	3/27/2012
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.		