

|   |   |       |            |        |     |
|---|---|-------|------------|--------|-----|
| 1.) CORPORATION NAME:<br><b>AMS Insurance Services, Inc.</b>  | DUE DATE: <b>12/31/2012</b>   |       |            |        |     |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>4701 COX RD STE 301<br/>GLEN ALLEN, VA 23060</b> | SCC ID NO: <b>F1692120</b>  |       |            |        |     |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>  | 5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>500</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 500 |
| CLASS   | AUTHORIZED  |       |            |        |     |
| COMMON  | 500   |       |            |        |     |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>CA</b>   |   |       |            |        |     |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 333 FRONT STREET  
STE 200

CITY/ST/ZIP: SANTA CRUZ, CA 95060

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: PAMELA DAVIS<br>TITLE: PRESIDENT CEO<br>ADDRESS: P.O. BOX 8507<br>CITY/ST/ZIP/CO: SANTA CRUZ, CA 95061 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
|--|---|--|--|

|   |   |                                   |  |
|---|---|-----------------------------------|--|
| NAME: SUSAN BRADSHAW<br>TITLE: VP MARKETING<br>ADDRESS: P.O. BOX 8507<br>CITY/ST/ZIP/CO: SANTA CRUZ, CA 95061 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |  |
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|--|---|-----------------------------------|--|
| NAME: CHARLES HEWITT<br>TITLE: VP/CLAIMS<br>ADDRESS: P.O. BOX 8507<br>CITY/ST/ZIP/CO: SANTA CRUZ, CA 95061 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |  |
|--|---|-----------------------------------|--|

|  |   |  |  |
|--|---|--|--|
| NAME: JOHN CHRISTENSEN<br>TITLE: SECRETARY<br>ADDRESS: P.O. BOX 8507<br>CITY/ST/ZIP/CO: SANTA CRUZ, CA 95061 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |  |
|--|---|--|--|

|  |   |                                   |  |
|--|---|-----------------------------------|--|
| NAME: KIM ADAY<br>TITLE: TREASURER<br>ADDRESS: P.O. BOX 8507<br>CITY/ST/ZIP/CO: SANTA CRUZ, CA 95061 | <input checked="" type="checkbox"/> OFFICER | <input 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/ PAMELA DAVIS                                    | PAMELA DAVIS, PRESIDENT CEO      | 12/13/2012 |
| 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.