

1.) CORPORATION NAME: AMERICAN BUSINESS INSURANCE SERVICES, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: BUSINESS FILINGS INCORPORATED 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: CA	DUE DATE: 1/31/2016 SCC ID NO: F1694746 5.) STOCK INFORMATION <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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 32107 W LINDERO CYN RD
#120

CITY/ST/ZIP: WESTLAKE VILLAGE, CA 91361

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: DAVID HALEY		
TITLE: PRES SEC		
ADDRESS: 32107 W LINDERO CYN RD		
	STE 120	
CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91361		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GALE HALEY		
TITLE: CEO TREAS		
ADDRESS: 32107 W LINDERO CYN RD		
	STE 120	
CITY/ST/ZIP/CO: WESTLAKE VILLAGE, CA 91361		

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/ DAVID HALEY	DAVID HALEY, PRES SEC	1/29/2016
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.