

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213511763

1.) CORPORATION NAME:

Edgewood Partners Insurance Center, Incorporated(USED

IN VA BY: Edgewood Partners Insurance Center

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

NATIONAL REGISTERED AGENTS, INC.

**4701 COX ROAD
SUITE 301**

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

DUE DATE: **3/31/2013**

SCC ID NO: **F1741745**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 135 MAIN ST
21ST FLOOR

CITY/ST/ZIP: SAN FRANCISCO, CA 94105

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:	JOHN G. HAHN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	135 MAIN ST 21ST FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME:	DANIEL J. CRAWFORD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	200 ALAMEDA DE LAS PULGAS, SUITE 280		
CITY/ST/ZIP/CO:	SAN MATEO, CA 94403		

NAME:	NANCY A. HAHN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	200 ALAMEDA DE LAS PULGAS, SUITE 280		
CITY/ST/ZIP/CO:	SAN MATEO, CA 94403		

NAME:	DAN R. FRANCIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	135 MAIN ST 21ST FLOOR		
CITY/ST/ZIP/CO:	SAN MATEO, CA 94105		

NAME:	ELAINE D ANDRIAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	135 MAIN STREET 21ST FLOOR		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94105		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY B CAPPEL DIRECTOR 1002 MONROE AVENUE RIVER FOREST, IL 60305	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID J WERMUTH DIRECTOR 20 HORSENECK LANE GREENWICH, CT 06830	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NICOLAS ZERBIB DIRECTOR 20 HORSENECK LANE GREENWICH, CT 06830	<input type="checkbox"/> OFFICER	<input checked="" 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/ ELAINE D ANDRIAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ELAINE D ANDRIAN, CFO PRINTED NAME AND CORPORATE TITLE	3/7/2013 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.			