

1.) CORPORATION NAME:

**Premier Access Insurance Company**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060**

SCC ID NO: **F1776220**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 100,000    |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8890 CAL CENTER DR

CITY/ST/ZIP: SACRAMENTO, CA 95826-3200

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.

|  |   |  |
|--|---|--|
| <p>NAME: REZA ABBASZADEH<br/>TITLE: PRESIDENT/SEC<br/>ADDRESS: 8890 CAL CENTER DR<br/>CITY/ST/ZIP/CO: SACRAMENTO, CA 95826</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: RICHARD C FULTON<br/>TITLE: CMO<br/>ADDRESS: 8890 CAL CENTER DR<br/>CITY/ST/ZIP/CO: SACRAMENTO, CA 95826</p>          | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: HIDEO KAKIUCHI<br/>TITLE: CFO<br/>ADDRESS: 8890 CAL CENTER DR<br/>CITY/ST/ZIP/CO: SACRAMENTO, CA 95826</p>            | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| <p>NAME: DEBRA ABBASZADEH<br/>TITLE: DIRECTOR<br/>ADDRESS: 384 WYNDGATE<br/>CITY/ST/ZIP/CO: SACRAMENTO, CA 95864</p>           | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: JEFF ELDER<br/>TITLE: DIRECTOR<br/>ADDRESS: 440 CROCKER ROAD<br/>CITY/ST/ZIP/CO: SACRAMENTO, CA 95864</p>             | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: John Ramey<br/>TITLE: DIRECTOR<br/>ADDRESS: 8124 Waikiki Drive<br/>CITY/ST/ZIP/CO: Fair Oaks , CA 95628</p>           | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |

|                 |                            |                                  |  |
|-----------------|----------------------------|----------------------------------|--|
| NAME:           | Arulkannan Kothandaraman   | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | DIRECTOR                   |                                  |  |
| ADDRESS:        | 5 First Main Road, Flat-2A |                                  |  |
| CITY/ST/ZIP/CO: | Chennai, 600020, IN        |                                  |  |

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/ HIDEO KAKIUCHI                                  | HIDEO KAKIUCHI, CFO              | 1/25/2013 |
| 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.