

1.) CORPORATION NAME: <b>SPM Insurance Services, Inc.</b>	DUE DATE: <b>2/28/2014</b>				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1815911</b>				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	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>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				
4.) STATE OR COUNTRY OF INCORPORATION: <b>CA</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 26800 ALISO VIEJO PKWY  
STE 150

CITY/ST/ZIP: ALISO VIEJO, CA 92656

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: CARIN R AMARADIO		
TITLE: P/S		
ADDRESS: 26800 ALISO VLEJO PKWY		
	STE 150	
CITY/ST/ZIP/CO: ALISO VIEJO, CA 92656		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK GOLDSMITH		
TITLE: DIRECTOR		
ADDRESS: 26800 ALISO VIEJO PKWY		
	STE 150	
CITY/ST/ZIP/CO: ALISO VIEJO, CA 92656		

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/ CARIN R AMARADIO	CARIN R AMARADIO, P/S	2/3/2014
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.