

1.) CORPORATION NAME:

**SSB Insurance Services, Inc.**

DUE DATE: **3/31/2012**

SCC ID NO: **F1852476**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor**

**1111 East Main Street**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 358 FIFTH AVENUE  
SUITE 1003

CITY/ST/ZIP: NEW YORK, NY 10001-

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 P IACONO  
TITLE: SR VP/SECRETARY  
ADDRESS: 64 BLENHEIM DRIVE  
CITY/ST/ZIP/CO: MANHASSET, NY 99999-

OFFICER

DIRECTOR

NAME: MARTIN ROTHBERG  
TITLE: EXEC VP  
ADDRESS: 350 WARWICK AVE  
CITY/ST/ZIP/CO: TEANECK, NJ 99999-

OFFICER

DIRECTOR

NAME: JOHN ADDEO  
TITLE: DIRECTOR  
ADDRESS: 70 VALLEY ROAD  
CITY/ST/ZIP/CO: NEW CANNAN, CT 99999-

OFFICER

DIRECTOR

NAME: JOSEPH WAKED  
TITLE: CEO  
ADDRESS: 6722 ORANGETHORPE AVENUE  
CITY/ST/ZIP/CO: BUENA PARK, CA 90620-

OFFICER

DIRECTOR

NAME: ROBERT TREBING  
TITLE: CFO  
ADDRESS: 6722 ORANGETHORPE AVENUE  
CITY/ST/ZIP/CO: BUENA PARK, CA 90620-

OFFICER

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.

<u>/s/ JOHN P IACONO</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JOHN P IACONO, SR</u> <u>VP/SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>2/10/2012</u> DATE
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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.