

1.) CORPORATION NAME:

**TRG Insurance Services, Inc. (USED IN VA BY:  
TRGINSURANCE SERVICES)**

DUE DATE: **3/31/2014**

SCC ID NO: **F1921982**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**3H AGENT SERVICES INC  
2121 EISENHOWER AVE STE 251  
ALEXANDRIA, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**ALEXANDRIA CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3620 BIRCH STREET

CITY/ST/ZIP: NEWPORT BEACH, CA 92660

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:	ROBERT W CLEMO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	115 N EL MOLINO AVE		
CITY/ST/ZIP/CO:	PASADENA, CA 91101		

NAME:	KENT M CRAWFORD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	3620 BIRCH ST		
CITY/ST/ZIP/CO:	NEWPORT BEACH, CA 92660		

NAME:	MARC R KUNNEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE CALIORNIA ST 4TH FL		
CITY/ST/ZIP/CO:	SAN FRANCISCO, CA 94111		

NAME:	WILLIAM F GOLDSTEIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	1 STATE ST PLAZA 9TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10004		

NAME:	WILLIAM COSTANTINI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRE		
ADDRESS:	1 STATE ST PLAZA 9TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10004		

NAME:	Jacqueline Curella	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1 State Street Plaza, 9th Floor		
CITY/ST/ZIP/CO:	New York, NY 10004		

NAME:	Peter Garvey	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 State Street Plaza, 9th Floor		
CITY/ST/ZIP/CO:	New York, NY 10004		

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/ WILLIAM COSTANTINI	WILLIAM COSTANTINI, SECRE	4/25/2014
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.