

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	214537980
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1.) CORPORATION NAME: <b>L.B.L. INSURANCE SERVICES, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>VIRGINIA PROFESSIONAL SERVICES LLC          3850 GASKINS RD STE 120          RICHMOND, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>CA</b>	DUE DATE: <b>9/30/2014</b> SCC ID NO: <b>F1939927</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>2,400</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,400
CLASS	AUTHORIZED				
COMMON	2,400				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3631 S. Harbor Blvd.,  
Suite 200

CITY/ST/ZIP: Santa Ana, CA 92704

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: DEBRA LAMBERT		
TITLE: PRESIDENT		
ADDRESS: 4281 KATELLA AVE STE 221		
CITY/ST/ZIP/CO: LOS ALAMITOS, CA 90720		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LARRY MAX LAMBERT		
TITLE: CEO		
ADDRESS: 4281 KATELLA AVE STE 221		
CITY/ST/ZIP/CO: LOS ALAMITOS, CA 90720		

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/ DEBRA LAMBERT	DEBRA LAMBERT, PRESIDENT	7/31/2014
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.