

1.) CORPORATION NAME: California Long Term Care Insurance Services, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS INC 4701 COX RD STE 285 GLEN ALLEN, VA	DUE DATE: 12/31/2015 SCC ID NO: F1949223 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>100,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100,000
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: 1601 BAYSHORE HIGHWAY #360	
CITY/ST/ZIP: BURLINGAME, CA 94010	

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: ALLAN FAROVITCH TITLE: PRESIDENT ADDRESS: P O BOX 4127 CITY/ST/ZIP/CO: BURLINGAME, CA 94011	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: CAROLINE BROWNSTONE TITLE: VICE PRESIDENT ADDRESS: 466 PARROTT DR CITY/ST/ZIP/CO: SAN MATEO, CA 94402	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: KATIE OROURKE TITLE: TREA ADDRESS: P O BOX 4127 CITY/ST/ZIP/CO: BURLINGAME, CA 94011	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ROBERTA STEINER TITLE: SECRE ADDRESS: 2 BAY LAUREL LANE CITY/ST/ZIP/CO: SAN RAFAEL, CA 94903	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: LOUIS BROWNSTONE TITLE: DIRECTOR ADDRESS: P O BOX 4127 CITY/ST/ZIP/CO: BURLINGAME, CA 94011	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	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.

/s/ LOUIS BROWNSTONE	LOUIS BROWNSTONE, DIRECTOR	12/10/2015
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.