

2. Name of Corporation

1. Corporate ID No.

A. Ralpb Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010 2011

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK \* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

000487967	U-Pic Insurance	U-Pic Insurance Services, Inc.				
3. Street Address Principal Business Office 5703 Corsa Avenue, 2nd Floor			City Westlake Village	State CA	<i>zър</i> 91362	
4. Business Phone No. 5. State of Incorporation 800-995-4623 California						
6. Brief Description of the Character of Insurance Agency	f Business Conducted in R	hode Island			, <u>, , , , , , , , , , , , , , , , , , </u>	
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) TILL IN SPACE  Vice President Name	S BEFORE USING ATT	ACHMENTS	
Bliss Wendelburg			Vacant			
Street Address			Street Address			
5703 Corsa Avenue, 2nd Floor						
City Westlake Village	State CA	<i>Ζιρ</i> 91362	City	State	Zip	
Secretary Name Marv Landon			Treasurer Name Michael Vernon			
Street Address 5703 Corsa Avenue, 2nd Floor			Street Address 5703 Corsa Avenue, 2nd Floor			
City	State	Zip	: 5703 Corsa Avenue, 2nd	FIOOT State	Zip	
Westlake Village	CA	91362	Westlake Village	CA	91362	
Director Name	OF THE DIRECTOR	S: ("X" BUX FOR ATT	ACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS			
Bliss Wendelburg						
Street Address			Street Address		ಸ	
5703 Corsa Avenue, 2nd Floor					<u> </u>	
City	State	Zip	City	State	Zip	
Westlake Village Director Name	<u>JCA</u>	J91362	Director Name			
Director Hame			Director Name		<b>후</b> 말했다.	
Street Address			Street Address			
City	State	Ztp	City	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares Class/Series Par Value		Number of Shares	Class/Series	Par Value		
25,000	Common	NPV	1000	Common	NPV	
		<del></del>				
This report must be executed	on behalf of the corp	oration by an authorize	d representative. If the corpora	tion is in the hands of a	receiver or trustee.	
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.						
		FILED				
		APR 18 2011		I declare and affirm that I		
		By 14260	contained herein are true	ring schedules and stateme	nts, and that all statement	
File Date		-0	Signature Date			
Check No.		(25)	Bliss Wendelhura			
			Print or Type Name			
By:			■ President			
FOR SECRETARY OF STA	TE USE ONLY		Title			
		•	*****		Form 630 Rev. 12/06	