



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2017  
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>001664789</b>		2. Exact name of the Corporation <b>Allied Professionals' Insurance Services</b>			
3. Principal Office Address <b>1100 W. Town &amp; Country Road, Suite 1400</b>			City <b>Orange</b>	State <b>CA</b>	Zip <b>92868</b>
4. NAICS Code <b>52 - Finance and Insurance</b>		6. Brief description of the character of business conducted in Rhode Island <b>Insurance Agency</b>			
5. State of Incorporation <b>CA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Philip Stump</b>			Vice-President Name <b>Michael Schroeder</b>		
Street Address <b>1100 W. Town &amp; Country Road, Suite 1400</b>			Street Address <b>1100 W. Town &amp; Country Road, Suite 1400</b>		
City <b>Orange</b>	State <b>CA</b>	Zip <b>92868</b>	City <b>Orange</b>	State <b>CA</b>	Zip <b>92868</b>
Secretary Name <b>Michael Schroeder</b>			Treasurer Name <b>Douglas Hauser</b>		
Street Address <b>1100 W. Town &amp; Country Road, Suite 1400</b>			Street Address <b>1100 W. Town &amp; Country Road, Suite 1400</b>		
City <b>Orange</b>	State <b>CA</b>	Zip <b>92868</b>	City <b>Orange</b>	State <b>CA</b>	Zip <b>92868</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Marilyn Allen</b>			Director Name <b>Stuart Hoffman</b>		
Street Address <b>1100 W. Town &amp; Country Road, Suite 1400</b>			Street Address <b>2501 E. Princess Dr., Suite 130</b>		
City <b>Orange</b>	State <b>CA</b>	Zip <b>92868</b>	City <b>Scottsdale</b>	State <b>AZ</b>	Zip <b>85255</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. 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. <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b>					
Name of Authorized Representative <b>Philip Stump</b> <i>PST</i>					Date <b>2/1/2017</b>
Signature of Authorized Representative					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

**FEB 21 2017**

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