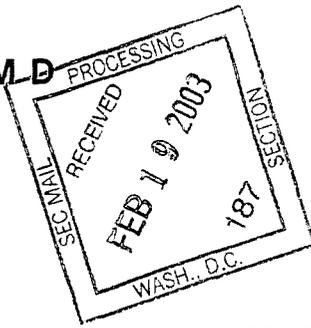


FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL table with OMB Number 3235-0076, Expires May 31, 2005, Estimated average burden 16.00 hours per response.

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY table with Prefix, Serial, and DATE RECEIVED fields.

Name of Offering (Employee Stock Bonus), Filing Under (Rule 504 checked), Type of Filing (New Filing checked).



03010016

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer. Name of Issuer: Cypress Point Insurance Services, Inc. Address of Executive Offices: 3465 Camino Del Rio South #220, San Diego CA 92108. Telephone Number: 866-649-2747.

Brief Description of Business: Insurance agency. Type of Business Organization: corporation checked.

1159375

PROCESSED

Actual or Estimated Date of Incorporation or Organization: FEB 21 2003. Jurisdiction of Incorporation or Organization: CA.

FEB 21 2003

THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted this form.

ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

See Attachment

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

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Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

**ATTACHMENT TO  
FORM D NOTICE OF SALE OF SECURITIES BY  
CYPRESS POINT INSURANCE SERVICES, INC.**

**BASIC IDENTIFICATION DATA**

Item 2.

The following individual is a promoter, 10% or more beneficial owner, executive officer and director of the issuer:

Calvin Jacob Barlocker  
232 Monterey Street  
Salinas, CA 93901

The following corporation is a promoter and 10% or more beneficial owner of the issuer:

Barlocker Insurance Agency, Inc.  
232 Monterey Street  
Salinas, CA 93901

The following individual is a promoter, executive officer and director of the issuer:

William Robert Trzos  
3465 Camino Del Rio South #220  
San Diego, CA 92108

The following individuals also are executive officers and directors of the issuer:

Frank Daryl Gattis  
Jeanne Marie Howard  
Jack Edward Starke  
232 Monterey Street  
Salinas, CA 93901

Frederick Jay Stafford  
2951 S. Winchester Blvd.  
Campbell, CA 95008

William Calvin Barlocker  
470 East Herndon #100  
Fresno, CA 93720

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**B. INFORMATION ABOUT OFFERING**

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? .....  Yes  No  
 Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual? ..... \$ 562.50
3. Does the offering permit joint ownership of a single unit? .....  Yes  No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual) \_\_\_\_\_

Business or Residence Address (Number and Street, City, State, Zip Code) \_\_\_\_\_

Name of Associated Broker or Dealer \_\_\_\_\_

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....  All States

AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

Full Name (Last name first, if individual) \_\_\_\_\_

Business or Residence Address (Number and Street, City, State, Zip Code) \_\_\_\_\_

Name of Associated Broker or Dealer \_\_\_\_\_

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....  All States

AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

Full Name (Last name first, if individual) \_\_\_\_\_

Business or Residence Address (Number and Street, City, State, Zip Code) \_\_\_\_\_

Name of Associated Broker or Dealer \_\_\_\_\_

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) .....  All States

AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$ - 0 -	\$ - 0 -
Equity .....	\$ 562.50	\$ 562.50
	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	
Convertible Securities (including warrants) .....	\$ - 0 -	\$ - 0 -
Partnership Interests .....	\$ - 0 -	\$ - 0 -
Other (Specify _____) .....	\$ - 0 -	\$ - 0 -
<b>Total</b> .....	\$ 562.50	\$ 562.50

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors .....	1	\$ 562.50
Non-accredited Investors .....	0	\$ 0
<b>Total (for filings under Rule 504 only)</b> .....	1	\$ 562.50

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505 .....	none	\$ - 0 -
Regulation A .....	"	\$ - 0 -
Rule 504 .....	"	\$ - 0 -
<b>Total</b> .....	"	\$ - 0 -

4 a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees .....	<input type="checkbox"/>	\$ - 0 -
Printing and Engraving Costs .....	<input type="checkbox"/>	\$ - 0 -
Legal Fees .....	<input checked="" type="checkbox"/>	\$ 500.00
Accounting Fees .....	<input type="checkbox"/>	\$ - 0 -
Engineering Fees .....	<input type="checkbox"/>	\$ - 0 -
Sales Commissions (specify finders' fees separately) .....	<input type="checkbox"/>	\$ - 0 -
Other Expenses (identify) _____ .....	<input type="checkbox"/>	\$ - 0 -
<b>Total</b> .....	<input checked="" type="checkbox"/>	\$ 500.00

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the “adjusted gross proceeds to the issuer.” .....

\$ 62.50

5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees .....	<input checked="" type="checkbox"/> \$ <u>62.50</u>	<input type="checkbox"/> \$ <u>- 0 -</u>
Purchase of real estate .....	<input type="checkbox"/> \$ <u>- 0 -</u>	<input type="checkbox"/> \$ <u>- 0 -</u>
Purchase, rental or leasing and installation of machinery and equipment .....	<input type="checkbox"/> \$ <u>- 0 -</u>	<input type="checkbox"/> \$ <u>- 0 -</u>
Construction or leasing of plant buildings and facilities .....	<input type="checkbox"/> \$ <u>- 0 -</u>	<input type="checkbox"/> \$ <u>- 0 -</u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) .....	<input type="checkbox"/> \$ <u>- 0 -</u>	<input type="checkbox"/> \$ <u>- 0 -</u>
Repayment of indebtedness .....	<input type="checkbox"/> \$ <u>- 0 -</u>	<input type="checkbox"/> \$ <u>- 0 -</u>
Working capital .....	<input type="checkbox"/> \$ <u>- 0 -</u>	<input type="checkbox"/> \$ <u>- 0 -</u>
Other (specify): _____	<input type="checkbox"/> \$ <u>- 0 -</u>	<input type="checkbox"/> \$ <u>- 0 -</u>
_____	<input type="checkbox"/> \$ <u>- 0 -</u>	<input type="checkbox"/> \$ <u>- 0 -</u>
Column Totals .....	<input checked="" type="checkbox"/> \$ <u>62.50</u>	<input type="checkbox"/> \$ <u>- 0 -</u>
Total Payments Listed (column totals added) .....	<input checked="" type="checkbox"/> \$ <u>62.50</u>	

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) <u>Cypress Point Insurance Services, Inc.</u>	Signature <u>Kevin J. McGrath</u>	Date <u>2/12/03</u>
Name of Signer (Print or Type) <u>Kevin J. McGrath</u>	Title of Signer (Print or Type) <u>Attorney</u>	

**ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)