

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000486

Entity Name: MAGUIRE INSURANCE AGENCY, INC.**Current Principal Place of Business:**ONE BALA PLAZA
SUITE 100
BALA CYNWYD, PA 19004**Current Mailing Address:**ONE BALA PLAZA
SUITE 100
BALA CYNWYD, PA 19004 US**FEI Number:** 23-1609281**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	KELLY, MIKE
Address	ONE BALA PLAZA SUITE 100
City-State-Zip:	BALA CYNWYD PA 19004

Title	DIRECTOR
Name	MAGUIRE, JAMES JR
Address	ONE BALA PLAZA SUITE 100
City-State-Zip:	BALA CYNWYD PA 19004

Title	DIRECTOR
Name	O'LEARY, ROBERT D
Address	ONE BALA PLAZA SUITE 100
City-State-Zip:	BALA CYNWYD PA 19004

Title	PRESIDENT
Name	O'LEARY, ROBERT D
Address	ONE BALA PLAZA SUITE 100
City-State-Zip:	BALA CYNWYD PA 19004

Title	SECRETARY
Name	SAYAGO, ED
Address	ONE BALA PLAZA SUITE 100
City-State-Zip:	BALA CYNWYD PA 19004

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT D O'LEARY

PRESIDENT

04/06/2018

Electronic Signature of Signing Officer/Director Detail

Date