

2013 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	CEO, DIRECTOR
Name	MAGUIRE, JAMES J. JR
Address	ONE BALA PLAZA, SUITE 100
City-State-Zip:	BALA CYNWYD PA 19004

Title	PRESIDENT, DIRECTOR
Name	SWEENEY, SEAN S.
Address	ONE BALA PLAZA, SUITE 100
City-State-Zip:	BALA CYNWYD PA 19004

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

Title	SECRETARY, CFO, TREASURER
Name	KELLER, CRAIG P.
Address	ONE BALA PLAZA, SUITE 100
City-State-Zip:	BALA CYNWYD PA 19004

Title	DIRECTOR
Name	MAGUIRE, JAMES SR.
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: CRAIG P. KELLER**SECRETARY, CFO,
TREASURER****04/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date