

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000001797

Entity Name: VGM INSURANCE SERVICES, INC.**Current Principal Place of Business:**1111 WEST SAN MARNAN DRIVE
WATERLOO, IA 50701**Current Mailing Address:**1111 WEST SAN MARNAN DRIVE
WATERLOO, IA 50701 US**FEI Number: 45-4564147****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	DIRECTOR
Name	WALSH, JAMES E.
Address	1111 WEST SAN MARNAN DRIVE
City-State-Zip:	WATERLOO IA 50701

Title	PRESIDENT
Name	KLOOS, MIKE
Address	1111 WEST SAN MARNAN DRIVE
City-State-Zip:	WATERLOO IA 50701

Title	DIRECTOR
Name	MALLARO, MICHAEL A.
Address	1111 WEST SAN MARNAN DRIVE
City-State-Zip:	WATERLOO IA 50701

Title	CONTROLLER
Name	CHOPLIN, LUCY
Address	1111 WEST SAN MARNAN DRIVE
City-State-Zip:	WATERLOO IA 50701

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: LUCY CHOPLIN**CONTROLLER****04/21/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date