2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000486

Entity Name: MAGUIRE INSURANCE AGENCY, INC.

FILED Mar 22, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ONE BALA PLAZA STE 100

BALA CYNWYD, PA 19004

ONE BALA PLAZA, SUITE 100

BALA CYNWYD, PA 19004

US

Current Mailing Address: New Mailing Address:

ONE BALA PLAZA STE 100
BALA CYNWYD, PA 19004
ONE BALA PLAZA, SUITE 100
BALA CYNWYD, PA 19004
US

FEI Number: 23-1609281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER PO BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSE, 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

OFFICERS AND DIRECTORS:

Title: CEOD

Name: MAGUIRE, JAMES J JR
Address: ONE BALA PLAZA, SUITE 100
City-St-Zip: BALA CYNWYD, PA 19004 US

Title: VP

Name: O'LEARY, BOB

Address: ONE BALA PLAZA, SUITE 100 City-St-Zip: BALA CYNWYD, PA 19004 US

Title: ST

Name: KELLER, CRAIG P

Address: ONE BALA PLAZA, SUITE 100 City-St-Zip: BALA CYNWYD, PA 19004 US

Title: DIR

Name: MAGUIRE, JAMES SR
Address: ONE BALA PLAZA, SUITE 100
City-St-Zip: BALA CYNWYD, PA 19004 US

Title: DIR

Name: SWEENEY, SEAN S
Address: ONE BALA PLAZA, SUITE 100
City-St-Zip: BALA CYNWYD, PA 19004 US

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: KELLY LETTMANN POA 03/22/2011