2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: VANGUARD INSURANCE AGENCY, INC.

Current Principal Place of Business:

215 SHUMAN BLVD
SUITE 400
NAPERVILLE, IL 60563

New Principal Place of Business:

Current Mailing Address:

215 SHUMAN BLVD
SUITE 400
NAPERVILLE, IL 60563

New Mailing Address:

FEI Number: 36-2777624 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: CP
Name: STEPHANO, STEPHEN L
Address: 702 OBERLIN RD
City-St-Zip: RALEIGH, NC 27605

Title: VPD
Name: WRITT, LAWRENCE A
Address: 215 SHUMAN BLVD, SUITE 400
City-St-Zip: NAPERVILLE, IL 60563

Title: D
Name: KERBS, EDWARD A
Address: 48 WALL STREET, 30TH FLOOR
City-St-Zip: NEW YORK, NY 10005

Title: VP
Name: YAMBOR, SANDRA L
Address: 215 SHUMAN BLVD, SUITE 400
City-St-Zip: NAPERVILLE, IL 60563

Title: S
Name: BLINSON, MICHAEL D
Address: 702 OBERLIN RD
City-St-Zip: RALEIGH, NC 27605

Title: T
Name: PIRRUNG, DAVID G
Address: 702 OBERLIN RD
City-St-Zip: RALEIGH, NC 27605

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: SANDRA L. YAMBOR VP 04/09/2011

Electronic Signature of Signing Officer or Director Date