## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F10000000949

Entity Name: NATIONAL PENN INSURANCE SERVICES GROUP, INC.

FILED Apr 05, 2011 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
152 N MAIN STREET DOYLESTOWN, PA 189	901			
Current Mailing Address:		New Mailing Address:		
152 N MAIN STREET DOYLESTOWN, PA 189	901			
FEI Number: 23-3078433	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
CORPORATION SERVION 1201 HAYS STREET TALLAHASSEE, FL 323				
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIREC	TORS:			
T:41				

Title:

WORTHINGTON, DONALD Name:

152 N MAIN ST Address:

City-St-Zip: DOYLESTOWN, PA 18901

Title:

FAINOR, SCOTT Name: Address: PO BOX 547

BOYERTOWN, PA 19512 City-St-Zip:

Title:

Name: MEENEGHAN, MICHAEL A Address: 152 N MAIN STREET City-St-Zip: DOYLESTOWN, PA 18901

Title:

DEBKOWSKI, MICHELLE Name:

Address: PO BOX 547

City-St-Zip: BOYERTOWN, PA 19512

Title:

HUGHES, MICHAEL Name: Address: PO BOX 547

BOYERTOWN, PA 19512 City-St-Zip:

Title:

KENNEDY, THOMAS Name: 200 WEST CHAPEL STREET Address: HAZELTON, PA 18201 City-St-Zip:

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.

Ρ SIGNATURE: MICHAEL A. MEENEGHAN 04/05/2011