2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# F93000004027

Entity Name: VOLUNTEER FIREMEN'S INSURANCE SERVICES, INC.

Current Principal Place of Business:

183 LEADERS HEIGHTS ROAD
YORK, PA 17402

New Principal Place of Business:

Current Mailing Address:

PO BOX 2726
YORK, PA 174052726 US

New Mailing Address:

FEI Number: 23-1732969 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P/DR
Name: MARKEL, TROY A
Address: 183 LEADERS HEIGHTS ROAD
City-St-Zip: YORK, PA 17402

Title: VPT
Name: CLEMENTS, THOMAS
Address: 183 LEADERS HEIGHTS ROAD
City-St-Zip: YORK, PA 17402

Title: VPS
Name: FIDLER, RAY R
Address: 183 LEADERS HEIGHTS ROAD
City-St-Zip: YORK, PA 17402

Title: VPDR
Name: CAMPISI, ANTHONY P
Address: 183 LEADERS HEIGHTS ROAD
City-St-Zip: YORK, PA 17402

Title: VP
Name: NAYLOR, DANNY A
Address: 183 LEADERS HEIGHTS ROAD
City-St-Zip: YORK, PA 17402

Title: VP
Name: SCHMIDT, MARK S
Address: 183 LEADERS HEIGHTS RD
City-St-Zip: YORK, PA 17402

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: THOMAS CLEMENTS VPT 04/29/2011

Electronic Signature of Signing Officer or Director Date