2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004772

Apr 28, 2011 Secretary of State

Entity Name: TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

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

215 SHUMAN BLVD, SUITE 400 NAPERVILLE, IL 60563

Current Mailing Address: New Mailing Address:

702 OBERLIN RD. REGULATORY COMPLIANCE RALEIGH, NC 27605

FEI Number: 36-3529298 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 P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 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: PCED

 Name:
 STEPHANO, STEPHEN L

 Address:
 702 OBERLIN RD

 City-St-Zip:
 RALEIGH, NC 27605

Title: VP

Name: SKOV, STEVEN A

Address: 215 SHUMAN BLVD, SUITE 400 City-St-Zip: NAPERVILLE, IL 60563

Title: VP

Name: KEELING, MICHAEL M
Address: 215 SHUMAN BLVD, SUITE 400
City-St-Zip: NAPERVILLE, IL 60563

Title: SEC

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

Title: SVPD

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

Title:

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: MICHAEL D. BLINSON SEC 04/28/2011