

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004611

FILED
Jun 14, 2011
Secretary of State

Entity Name: NEWMARKETS INSURANCE AGENCY, INC.

Current Principal Place of Business:

436 WALNUT STREET
PHILADELPHIA, PA 19106

New Principal Place of Business:

Current Mailing Address:

436 WALNUT STREET
TAX DEPT. WB12A
PHILADELPHIA, PA 19106

New Mailing Address:

FEI Number: 51-0391861

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/D
Name: LUPICA, DAVID J
Address: 436 WALNUT STREET
City-St-Zip: PHILADELPHIA, PA 19106

Title: VP/D
Name: CLARK, JEFFERY M
Address: 436 WALNUT STREET
City-St-Zip: PHILADELPHIA, PA 19106

Title: EVP/D
Name: SNAGE, LOUIS R
Address: 436 WALNUT STREET
City-St-Zip: PHILADELPHIA, PA 19106

Title: T
Name: JORDAN, JOSEPH J
Address: 436 WALNUT STREET
City-St-Zip: PHILADELPHIA, PA 19106

Title: S
Name: GIGANTI, CARMINE A
Address: 436 WALNUT STREET
City-St-Zip: PHILADELPHIA, PA 19106

Title: AS
Name: TACCA, THERESA M
Address: 436 WALNUT STREET
City-St-Zip: PHILADELPHIA, PA 19106

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: THERESA M. TACCA

AS

06/14/2011

Electronic Signature of Signing Officer or Director

Date