2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# P02000083894

Entity Name: MICHAEL G. PENNEY INSURANCE, INC.

Current Principal Place of Business:

280 W. CANTON AVENUE
SUITE 100
WINTER PARK, FL 32789

New Principal Place of Business:

1089 WEST MORSE BLVD.
SUITE C
WINTER PARK, FL 32789

Current Mailing Address:

C/O NFP, 500 WEST MADISON ST,
SUITE 2400
CHICAGO, IL 60661

New Mailing Address:

FEI Number: 27-0032554 **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 RD
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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: PENNEY, MICHAEL G
Address: 280 W. CANTON AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: VP ( ) Delete
Name: LIESER, LORI M
Address: 500 WEST MADISON STREET, STE 2400
City-St-Zip: CHICAGO, IL 60661

Title: VP ( ) Delete
Name: HINKSON, MALIKA
Address: 787 SEVENTH AVENUE, 11TH FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: D ( ) Delete
Name: ZUCCARO, ROBERT `
Address: 787 SEVENTH AVENUE, 11TH FLOOR
City-St-Zip: NEW YORK, NY 10019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: PENNEY, MICHAEL G
Address: 1089 WEST MORSE BLVD., SUITE C
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: HINKSON, MALIKA
Address: 340 MADISON AVENUE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10173

Title: D (X) Change ( ) Addition
Name: SCHNEIDER, BRETT `
Address: 340 MADISON AVENUE, 19TH FLOOR
City-St-Zip: NEW YORK, NY 10173

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LORI M. LIESER VP 04/13/2009

Electronic Signature of Signing Officer or Director — Date