2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# P02000083894

Entity Name: MICHAEL G. PENNEY INSURANCE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

OFFICERS AND DIRECTORS:

Title: PST
Name: PENNEY, MICHAEL G
Address: 1089 WEST MORSE BLVD., SUITE C
City-St-Zip: WINTER PARK, FL 32789

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

Title: D
Name: HINKSON, MALIKA
Address: 340 MADISON AVENUE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10173

Title: D
Name: SCHNEIDER, BRETT `
Address: 340 MADISON AVENUE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10173

Title: D
Name: HAMMOND, DOUGLAS W
Address: 340 MADISON AVENUE, 20TH FLOOR
City-St-Zip: NEW YORK, NY 10173

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: LORI M. LIESER VP 05/01/2012

Electronic Signature of Signing Officer or Director Date