

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000056607

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: NATIONAL PLANNING INSURANCE AGENCY, INC.

## Current Principal Place of Business:

401 WILSHIRE BLVD, SUITE 1100  
SANTA MONICA, CA 90401

## New Principal Place of Business:

## Current Mailing Address:

1 CORPORATE WAY  
ATTN: TAX DEPT S35  
LANSING, MI 48951 US

## New Mailing Address:

FEI Number: 59-3520008      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT 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: D ( ) Delete  
Name: CLIFFORD, JACK  
Address: 8055 E TUFTS AVE, STE 1000  
City-St-Zip: DENVER, CO 80237

Title: D/P ( ) Delete  
Name: DREFFEIN, M S  
Address: 401 WILSHIRE BLVD STE 1100  
City-St-Zip: SANTA MONICA, CA 90401

Title: D/S ( ) Delete  
Name: MEYER, THOMAS J  
Address: 1 CORPORATE WAY  
City-St-Zip: LANSING, MI 48951

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CLIFFORD, JACK  
Address: 7601 TECHNOLOGY WAY  
City-St-Zip: DENVER, CO 80237

Title: D/P (X) Change ( ) Addition  
Name: ROMINE, SCOTT  
Address: 401 WILSHIRE BLVD STE 1100  
City-St-Zip: SANTA MONICA, CA 90401

Title: AVP (X) Change ( ) Addition  
Name: MANEVAL, TODD  
Address: 1 CORPORATE WAY  
City-St-Zip: LANSING, MI 48951

Title: AVP ( ) Change (X) Addition  
Name: GARRISON, JAMES  
Address: 1 CORPORATE WAY  
City-St-Zip: LANSING, MI 48951

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: TODD MANEVAL

AVP

04/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date