2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# P98000056607

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

OFFICERS AND DIRECTORS:

Title: D
Name: LIVINGSTON, JAMES
Address: 7601 TECHNOLOGY WAY
City-St-Zip: DENVER, CO 80237

Title: D/P
Name: LYNN, NIEDERMEIER
Address: 401 WILSHIRE BLVD STE 1100
City-St-Zip: SANTA MONICA, CA 90401

Title: AVP
Name: MANEVAL, TODD
Address: 1 CORPORATE WAY
City-St-Zip: LANSING, MI 48951

Title: AVP
Name: GARRISON, JAMES
Address: 1 CORPORATE WAY
City-St-Zip: LANSING, MI 48951

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

Title: VP
Name: SCHAB, MICHAEL
Address: 401 WILSHIRE BLVD STE 1100
City-St-Zip: SANTA MONICA, CA 90401

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: THOMAS J. MEYER S/D 04/18/2011

Electronic Signature of Signing Officer or Director Date