

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000001797

Entity Name: VGM INSURANCE SERVICES, INC.

Current Principal Place of Business:

1111 W. SAN MARNAN DR
WATERLOO, IA 50701

Current Mailing Address:

1111 W. SAN MARNAN DR
WATERLOO, IA 50701 US

FEI Number: 45-4564147

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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

Officer/Director Detail :

Title P
Name KLOOS, MIKE
Address 1111 W. SAN MARNAN DR
City-State-Zip: WATERLOO IA 50701

Title VP
Name BRISTSON, RUSSELL
Address 1111 W. SAN MARNAN DR
City-State-Zip: WATERLOO IA 50701

Title D, CFO, T
Name MALLARO, MIKE
Address 1111 W. SAN MARNAN DR
City-State-Zip: WATERLOO IA 50701

Title D, CEO
Name WALSH, JIM
Address 1111 W. SAN MARNAN DR
City-State-Zip: WATERLOO IA 50701

Title SECRETARY
Name JACKSON, JENA
Address 1111 W. SAN MARNAN DR
City-State-Zip: WATERLOO IA 50701

Title CONTROLLER
Name CHOPLIN, LUCY
Address 1111 W. SAN MARNAN DR
City-State-Zip: WATERLOO IA 50701

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: JENA JACKSON

SECRETARY

04/26/2015

Electronic Signature of Signing Officer/Director Detail

Date