

No. <b>C 177964</b>		<b>Due no later than Apr 30, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  MAGUIRE INSURANCE AGENCY, INC. ONE BALA PLAZA SUITE 100 BALA CYNWYD PA 19004		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	ROBERT D O'LEARY	ONE BALA PLAZA SUITE 100	BALA CYNWYD	PA	USA	19004	
SECRETARY	ED SAYAGO	ONE BALA PLAZA SUITE 100	BALA CYNWYD	PA	USA	19004	
DIRECTOR	JAMES MAGUIRE, JR	ONE BALA PLAZA SUITE 100	BALA CYNWYD	PA	USA	19004	
DIRECTOR	ROBERT D O'LEARY	ONE BALA PLAZA SUITE 100	BALA CYNWYD	PA	USA	19004	
5. Organized Under the Laws of:  <b>PA</b> <b>C 177964</b>		6. Annual Report must be signed.*  Signature: Kelly Lettmann Name (type or print): Kelly Lettmann					
		Date: 04/06/2016 Title: POA					
Processed 04/06/2016 * Electronically provided signatures are accepted as original signatures.							