

No. C 177964		Due no later than Apr 30, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MAGUIRE INSURANCE AGENCY, INC. ONE BALA PLAZA, SUITE 100 BALA CYNWYD PA 19004 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
						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	SEAN S. SWEENEY	ONE BALA PLAZA, SUITE 100	BALA CYNWYD	PA	USA	19004	
SECRETARY	CRAIG P. KELLER	ONE BALA PLAZA, SUITE 100	BALA CYNWYD	PA	USA	19004	
TREASURER	CRAIG P. KELLER	ONE BALA PLAZA, SUITE 100	BALA CYNWYD	PA	USA	19004	
DIRECTOR	JAMES MAGUIRE JR	ONE BALA PLAZA, SUITE 100	BALA CYNWYD	PA	USA	19004	
5. Organized Under the Laws of: PA C 177964		6. Annual Report must be signed.* Signature: Russell Kopp Name (type or print): Russell Kopp					
		Date: 03/14/2012 Title: Poa					
Processed 03/14/2012 * Electronically provided signatures are accepted as original signatures.							