

No. C 177964		Due no later than Apr 30, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MAGUIRE INSURANCE AGENCY, INC. SEAN S. SWEENEY ONE BALA PLAZA, SUITE 100 BALA CYNWYD PA 19004-1401 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 J. 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: Kelly Lettmann Name (type or print): Kelly Lettmann Date: 03/04/2011 Title: Poa				
Processed 03/04/2011		* Electronically provided signatures are accepted as original signatures.				