

No. W 155094		Due no later than Aug 31, 2016		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. ASSUREDPARTNERS OF OREGON, LLC STEVE LAWRENCE C/O HERBERT L. JAMISON & CO., 20 COMMERCE DR STE 200 CRANFORD NJ 07016		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	ASSUREDPARTNERS CAPITAL, INC.	200 COLONIAL CTR PKWY STE 150	LAKE MARY	FL	USA	32746	
MANAGER	JIM W HENDERSON	200 COLONIAL CTR PKWY STE 150	LAKE MARY	FL	USA	32746	
MANAGER	THOMAS E RILEY	200 COLONIAL CTR PKWY STE 150	LAKE MARY	FL	USA	32746	
MANAGER	PAUL VREDENBURG	200 COLONIAL CTR PKWY STE 150	LAKE MARY	FL	USA	32746	
5. Organized Under the Laws of: OR W 155094		6. Annual Report must be signed.* Signature: Paul Vredenburg Name (type or print): Paul Vredenburg Date: 06/22/2016 Title: Manager					
Processed 06/22/2016		* Electronically provided signatures are accepted as original signatures.					