

No. W 89520		Due no later than Jan 31, 2014 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		1. Mailing Address: Correct in this box if needed. AVALON RISK MANAGEMENT INSURANCE AGENCY LLC 150 NORTHWEST POINT BLVD ELK GROVE VILLAGE IL 60007		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA			
NO FILING FEE IF RECEIVED BY DUE DATE				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	NATHAN A BAYLOR	150 NORTHWEST POINT BLVD		ELK GROVE VILLAGE	IL	USA	60007
MEMBER	MICHAEL S BROWN	150 NORTHWEST POINT BLVD		ELK GROVE VILLAGE	IL	USA	60007
MEMBER	DENISE L CHIPMAN	150 NORTHWEST POINT BLVD		ELK GROVE VILLAGE	IL	USA	60007
MANAGER	LISA M GELSONIMO	150 NORTHWEST POINT BLVD		ELK GROVE VILLAGE	IL	USA	60007
MANAGER	JAMES R ZUHLKE	150 NORTHWEST POINT BLVD		ELK GROVE VILLAGE	IL	USA	60007
5. Organized Under the Laws of: CT W 89520		6. Annual Report must be signed.* Signature: Michelle Donato Name (type or print): Michelle Donato Date: 12/11/2013 Title: Poa					
Processed 12/11/2013		* Electronically provided signatures are accepted as original signatures.					