No. W 151141		Due no later than May 31, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CORPORATION SERVICE COMPANY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ASSURED BENEFITS, LLC 200 COLONIAL CENTER PKWY STE 150		_	12550 W EXPLORER DR STE 100 BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE		LAKE MARY FL 32746			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER MANAGER MANAGER MANAGER	ASSUREDPARTNERS CAPITAL, INC. PAUL VREDENBURG THOMAS E RILEY JIM W HENDERSON		200 COLONIAL CENTER PKWY 200 COLONIAL CENTER PKWY 200 COLONIAL CENTER PKWY 200 COLONIAL CENTER PKWY	STE 150 STE 150	LAKE MARY LAKE MARY	FL FL FL FI	USA USA USA USA	32746 32746 32746 32746
5. Organized Under the L	500	6. Annual Report must b				Date	05/09/2017	
ОН W 151141		Name (type or print): PAUL VREDENBURG			Title: MANAGER			
Processed 05/09/2017		()1 /	signatures are accepted as orig	jinal signa	tures.			