

No. W 164919		Due no later than Apr 30, 2017 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. ASSUREDPARTNERS OF FLORIDA, LLC HERBERT L JAMISON & CO., LLC 200 COLONIAL CENTER PARKWAY SUITE 150 LAKE MARY FL 32746 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
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	
MANAGER	PAUL VREDENBURG	200 COLONIAL CENTER PARKWAY SUITE 150	LAKE MARY	FL	USA	32746	
MANAGER	THOMAS E. RILEY	200 COLONIAL CENTER PARKWAY SUITE 150	LAKE MARY	FL	USA	32746	
MANAGER	JIM W. HENDERSON	200 COLONIALCENTER PARKWAY SUITE 150	LAKE MARY	FL	USA	32746	
5. Organized Under the Laws of: FL W 164919		6. Annual Report must be signed.* Signature: PAUL VREDENBURG Name (type or print): PAUL VREDENBURG					
		Date: 04/21/2017 Title: MANAGER					
Processed 04/21/2017		* Electronically provided signatures are accepted as original signatures.					