No. W 65537		Due no later than Aug 31, 2015 2. Registered Agent and Address (NO PO B				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. ALLIED NORTH AMERICA INSURANCE BROKERAGE OF LOS ANGELES, LLC MICHAEL WILLIAMS 200 E RANDOLPH ST CHICAGO IL 60601 USA	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 3. New Registered Agent Signature:*			
Limited Liability Compar Office Held MANAGER	nies: Enter Nan Name PAUL A HAG	nes and Addresses of at least one Member or Manager. Street or PO Address Y 200 E RANDOLPH ST	City CHICAGO	State IL	Country	Postal Code 60601
5. Organized Under the Laws of: DE W 65537		6. Annual Report must be signed.* Signature: MICHELLE S LEY Name (type or print): MICHELLE S LEY			8/25/2015 SST. VP	
Processed 08/25/2015 * Electronically provided signatures are accepted as original signatures.						