

No. <b>W 27850</b>		<b>Due no later than Jan 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE 83713	
		<b>1. Mailing Address: Correct in this box if needed.</b> ALLIED NORTH AMERICA INSURANCE BROKERAGE OF CALIFORNIA, LLC MICHAEL WILLIAMS 200 E. RANDOLPH ST. CHICAGO IL 60601 USA		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	MATTHEW M. RICE	200 E. RANDOLPH ST.	CHICAGO	IL	60601
MANAGER	MICHELLE S. LEY	200 E. RANDOLPH ST.	CHICAGO	IL	60601
5. Organized Under the Laws of:  <b>DE W 27850</b>		6. Annual Report must be signed.* Signature: MICHELLE S. LEY Name (type or print): MICHELLE S. LEY Date: 01/07/2015 Title: ASST. VP			
Processed 01/07/2015		* Electronically provided signatures are accepted as original signatures.			