

No. <b>W 42150</b>		<b>Due no later than Aug 31, 2015</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  ASPN INSURANCE AGENCY, LLC MICHAEL WILLIAMS 200 E RANDOLPH ST CHICAGO IL 60601 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	USA	60601
MANAGER	MICHELLE S LEY	200 E RANDOLPH ST		CHICAGO	IL	USA	60601
5. Organized Under the Laws of:  <b>DE</b> <b>W 42150</b>		6. Annual Report must be signed.*  Signature: MICHELLE S LEY Name (type or print): MICHELLE S LEY  Date: 08/25/2015 Title: ASST. VP					
Processed 08/25/2015 * Electronically provided signatures are accepted as original signatures.							