

No. <b>W 42150</b>		<b>Due no later than Aug 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 ID 83713			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		ASPN INSURANCE AGENCY, LLC MICHAEL WILLIAMS 200 E RANDOLPH ST CHICAGO IL 60601 USA					
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:		6. Annual Report must be signed.*					
<b>DE W 42150</b>		Signature: MICHELLE S LEY				Date: 08/25/2015	
		Name (type or print): MICHELLE S LEY				Title: ASST. VP	
Processed 08/25/2015		* Electronically provided signatures are accepted as original signatures.					