| No. **W 42150** | **Due no later than Aug 31, 2016**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>ASPN INSURANCE AGENCY, LLC<br>BENJAMIN SETTLER<br>200 E RANDOLPH ST<br>CHICAGO IL 60601 | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713<br><br>3. New 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 | MICHELLE S LEY | 200 E RANDOLPH ST | CHICAGO | IL | USA | 60601 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **DE**<br>**W 42150** | Signature: MICHELLE S LEY | Date: 07/29/2016 |
| | Name (type or print): MICHELLE S LEY | Title: ASST VP |

Processed 07/29/2016

* Electronically provided signatures are accepted as original signatures.