No. <b>W 65537</b>		Due no later than Aug 31, 2013	Registered Agent and Address (NO PO BOX)     CORPORATION SERVICE COMPANY			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ALLIED NORTH AMERICA INSURANCE BROKERAGE OF LOS ANGELES, LLC MICHELLE RICHARDSON PO BOX 81200	12550 W EXPLORER DR STE 100 BOISE ID 83713 USA  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		CHICAGO IL 60681 USA				
4. Limited Liability Compa	anies: Enter Nar	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER PAUL A HAC		SY 200 E RANDOLPH ST	CHICAGO	IL	USA	60601
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
DE		Signature: Michelle Ley	Date: 07/15/2013			
W 65537		Name (type or print): Michelle Ley	Title: Asst. Vp			
Processed 07/15/2013 * Electronically provided signatures are accepted as original signatures.						