No. W 27891		Due no later than Jan 31, 2014	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	CORPORATION SERVICE COMPANY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. 12550 W EXPLORER DR STE 100 BOISE ID 83713				
		ALLIED NORTH AMERICA INSURANCE BROKERAGE OF NEW YORK, LLC 2711 CENTERVILLE ROAD	USA			
		SUITE 400	3. New Registered Agent Signature:*			
		WILMINGTON DE 19808 USA				
4. Limited Liability Companies: I	Enter Names	and Addresses of at least one Member or Manager.				
Office Held Nam	ne	Street or PO Address	City	State	Country	Postal Code
MANAGER MIC	HELLE LEY	200 E. RANDOLPH ST.	CHICAGO	IL	USA	60601
MANAGER MAT	TTHEW RICE	200 E. RANDOLPH ST.	CHICAGO	IL	USA	60601
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
DE W 27891		Signature: Michelle Ley Date: 12/26/2013				
		Name (type or print): Michelle Ley	Title: Manager			
Processed 12/26/2013	* E	* Electronically provided signatures are accepted as original signatures.				