

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000123081

Entity Name: AON EDGE INSURANCE AGENCY, INC.**Current Principal Place of Business:**200 E. RANDOLPH ST
9TH FLOOR
CHICAGO, IL 60601**Current Mailing Address:**200 E. RANDOLPH ST
9TH FLOOR
CHICAGO, IL 60601 US**FEI Number:** 20-0359075**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	DICKSON , JOHN
Address	200 E. RANDOLPH ST 9TH FLOOR
City-State-Zip:	CHICAGO IL 60601

Title	SECRETARY, DIRECTOR
Name	ALEXIS , COLBY E.
Address	200 E. RANDOLPH ST 9TH FLOOR
City-State-Zip:	CHICAGO IL 60601

Title	TREASURER
Name	HAGY , PAUL A.
Address	200 E. RANDOLPH ST 9TH FLOOR
City-State-Zip:	CHICAGO IL 60601

Title	DIRECTOR, ASSISTANT VICE PRESIDENT
Name	LEY , MICHELLE S.
Address	200 E. RANDOLPH ST 9TH FLOOR
City-State-Zip:	CHICAGO IL 60601

Title	DIRECTOR
Name	LEE, ROBERT E. III
Address	200 E. RANDOLPH ST 9TH FLOOR
City-State-Zip:	CHICAGO IL 60601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHELLE S. LEYASSISTANT VICE
PRESIDENT

01/21/2025

Electronic Signature of Signing Officer/Director Detail_____
Date