

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002250

FILED
Apr 23, 2024
Secretary of State
8160324236CC

Entity Name: AON PRIVATE RISK MANAGEMENT INSURANCE AGENCY, INC.

Current Principal Place of Business:

200 E RANDOLPH STREET
8TH FLOOR
CHICAGO, IL 60601

Current Mailing Address:

200 E RANDOLPH STREET
8TH FLOOR
CHICAGO, IL 60601 US

FEI Number: 36-4161455

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 TREASURER, VP

Name HAGY, PAUL A

Address 200 E RANDOLPH STREET
8TH FLOOR

City-State-Zip: CHICAGO IL 60601

Title SECRETARY, DIRECTOR, VP

Name ALEXIS, COLBY E.

Address 200 E RANDOLPH STREET
8TH FLOOR

City-State-Zip: CHICAGO IL 60601

Title AVP, DIRECTOR, ASSISTANT
SECRETARY

Name LEY, MICHELLE S

Address 200 E RANDOLPH STREET
8TH FLOOR

City-State-Zip: CHICAGO IL 60601

Title PRESIDENT

Name OTT, JASON A

Address 200 E RANDOLPH STREET
8TH FLOOR

City-State-Zip: CHICAGO IL 60601

Title DIRECTOR

Name LEE, ROBERT E. III

Address 200 E RANDOLPH STREET
8TH FLOOR

City-State-Zip: CHICAGO IL 60601

Title CHIEF FINANCIAL OFFICER

Name YOUNG, SUSAN M.

Address 200 E RANDOLPH STREET
8TH 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. LEY

**ASSISTANT VICE
PRESIDENT**

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date