## 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F1100000948

Entity Name: ASSUREDPARTNERS, INC.

### Current Principal Place of Business:

200 COLONIAL CENTER PKWY SUITE 150 LAKE MARY, FL 32746

# **Current Mailing Address:**

200 COLONIAL CENTER PKWY SUITE 150 LAKE MARY, FL 32746

## FEI Number: 27-5176829

### Name and Address of Current Registered Agent:

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

# FILED Jan 07, 2015 Secretary of State CC1875499085

Certificate of Status Desired: No

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

### **Officer/Director Detail :**

| Title                                       | DIRECTOR, CHAIRMAN, CEO   | Title                            | DIRECTOR, PRESIDENT, COO,<br>SECRETARY  |  |  |
|---|---|----------------------------------|---|--|--|
| Name  | HENDERSON, JIM W  | Name                             | RILEY, THOMAS E   |  |  |
| Address                                     | 200 COLONIAL CENTER PKWY SUITE<br>150<br>LAKE MARY FL 32746   | Address                          | 200 COLONIAL CENTER PKWY SUITE  |  |  |
| City-State-Zip:                             |   | City-State-Zip:                  | LAKE MARY FL 32746  |  |  |
| Title                                       | DIRECTOR, SR. VP, ASST.<br>SECRETARY  | Title                            | D   |  |  |
| Name  | VREDENBURG, PAUL  | Name                             | COHEN, AARON  |  |  |
| Address                                     | 200 COLONIAL CENTER PKWY<br>SUITE 150   | Address                          | 300 N LASALLE DR SUITE 5600   |  |  |
| City-State-Zip:                             | LAKE MARY FL 32746  | City-State-Zip:                  | CHICAGO IL 60654  |  |  |
| <b></b>                                     |   | Title                            | CFO, EXEC. VP   |  |  |
| Title                                       | D   | Name                             | CURTIS, DEAN J  |  |  |
|   |   |                                  | 200 COLONIAL CENTER PKWY SUITE  |  |  |
| Name  | DONNINI, DAVID  | Address                          | 200 COLONIAL CENTER PKWY SUITE  |  |  |
| Name<br>Address                             | DONNINI, DAVID<br>300 N LASALLE DR SUITE 5600   | Address                          | 200 COLONIAL CENTER PKWY SUITE<br>150   |  |  |
|   | ,   | Address<br>City-State-Zip:       | 150   |  |  |
| Address                                     | 300 N LASALLE DR SUITE 5600   |                                  | 150   |  |  |
| Address<br>City-State-Zip:                  | 300 N LASALLE DR SUITE 5600<br>CHICAGO IL 60654   | City-State-Zip:                  | 150<br>LAKE MARY FL 32746   |  |  |
| Address<br>City-State-Zip:<br>Title         | 300 N LASALLE DR SUITE 5600<br>CHICAGO IL 60654<br>DIRECTOR   | City-State-Zip:<br>Title         | 150<br>LAKE MARY FL 32746<br>DIRECTOR   |  |  |
| Address<br>City-State-Zip:<br>Title<br>Name | 300 N LASALLE DR SUITE 5600<br>CHICAGO IL 60654<br>DIRECTOR<br>JESCHKE, STEPHEN J<br>200 COLONIAL CENTER PKWY | City-State-Zip:<br>Title<br>Name | 150<br>LAKE MARY FL 32746<br>DIRECTOR<br>YARBROUGH, STUART<br>200 COLONIAL CENTER PKWY<br>SUITE 150 |  |  |

#### Continues on page 2

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: DEAN CURTIS

EXEC VP

Date

Electronic Signature of Signing Officer/Director Detail

#### **Officer/Director Detail Continued :**

| <b>T</b> :0 -   |                                       | <b>T</b> '41-   |                                       |
|-----------------|---------------------------------------|-----------------|---------------------------------------|
| Title           | CHIEF CORPORATE COUNSEL               | Title           | CHIEF COUNSEL, EXEC. VP               |
| Name            | KINNETT, STANLEY K II                 | Name            | SMITH, WALTER L                       |
| Address         | 200 COLONIAL CENTER PKWY<br>SUITE 150 | Address         | 200 COLONIAL CENTER PKWY<br>SUITE 150 |
| City-State-Zip: | LAKE MARY FL 32746                    | City-State-Zip: | LAKE MARY FL 32746                    |
| Title           | DIRECTOR                              | Title           | DIRECTOR                              |
| Name            | NEACE, JOHN F                         | Name            | SHERMAN, D. MICHAEL                   |
| Address         | 200 COLONIAL CENTER PKWY<br>SUITE 150 | Address         | 200 COLONIAL CENTER PKWY<br>SUITE 150 |
| City-State-Zip: | LAKE MARY FL 32746                    | City-State-Zip: | LAKE MARY FL 32746                    |
| Title           | DIRECTOR                              | Title           | REVP                                  |
| Name            | KOZERA, THOMAS R                      | Name            | ANDERSON, ERIC                        |
| Address         | 200 COLONIAL CENTER PKWY<br>SUITE 150 | Address         | 200 COLONIAL CENTER PKWY<br>SUITE 150 |
| City-State-Zip: | LAKE MARY FL 32746                    | City-State-Zip: | LAKE MARY FL 32746                    |
| Title           | EXEC VP                               | Title           | DIRECTOR                              |
| Name            | DEAL, STEVEN C                        | Name            | PATTWELL, SEAN M                      |
| Address         | 200 COLONIAL CENTER PKWY              | Address         | 20 COMMERCE DR., SUITE 200            |
| City State Zin  | SUITE 150<br>LAKE MARY FL 32746       | City-State-Zip: | CRANFORD NJ 07016                     |
| City-State-Zip: | LARE MART FL 32740                    |                 |                                       |
| Title           | DIRECTOR                              | Title           | DIRECTOR                              |
| Name            | MCDONALD, JOHN O                      | Name            | LARSEN, RANDY J                       |
|                 |                                       | Address         | 5201 JOHNSON DR.                      |
| Address         | 20 COMMERCE DR., SUITE 200            | City-State-Zip: | MISSION KS 66205                      |
| City-State-Zip: | CRANFORD NJ 07016                     |                 |                                       |