

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004416

FILED
Feb 08, 2012
Secretary of State

Entity Name: ASSUREDPARTNERS CAPITAL, INC.

Current Principal Place of Business:

200 COLONIAL CENTER PARKWAY
SUITE 150
LAKE MARY, FL 32476

New Principal Place of Business:

Current Mailing Address:

200 COLONIAL CENTER PARKWAY
SUITE 150
LAKE MARY, FL 32476

New Mailing Address:

FEI Number: 45-2712335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD
Name: HENDERSON, JIM
Address: 200 COLONIAL CENTER PARKWAY #150
City-St-Zip: LAKE MARY, FL 32476

Title: PSD
Name: RILEY, TOM
Address: 200 COLONIAL CENTER PARKWAY #150
City-St-Zip: LAKE MARY, FL 32476

Title: VP
Name: VREDENBURG, PAUL
Address: 200 COLONIAL CENTER PARKWAY #150
City-St-Zip: LAKE MARY, FL 32476

Title: D
Name: COHEN, AARON
Address: 300 N LASALLE DRIVE SUITE 5600
City-St-Zip: CHICAGO, IL 60654

Title: D
Name: DONNINI, DAVID
Address: 300 N LASALLE DRIVE SUITE 5600
City-St-Zip: CHICAGO, IL 60654

Title: VP
Name: CURTIS, DEAN J
Address: 200 COLONIAL CENTER PKWY SUITE 150
City-St-Zip: LAKE MARY, FL 32746

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: THOMAS E RILEY

PSD

02/08/2012

Electronic Signature of Signing Officer or Director

Date