

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001720

FILED
Jan 11, 2012
Secretary of State

Entity Name: CHAMBER INSURANCE AGENCY SERVICES, LLC

Current Principal Place of Business:

100 EXECUTIVE DRIVE
SUITE 200
WEST ORANGE, NJ 07052

New Principal Place of Business:

Current Mailing Address:

100 EXECUTIVE DRIVE
SUITE 200
WEST ORANGE, NJ 07052

New Mailing Address:

FEI Number: 22-3746022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ASSURED PARTNERS CAPITAL, INC.
Address: 200 COLONIAL CENTER PARKWAY SUITE 150
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGR
Name: DONNINI, DAVID A
Address: 300 N. LASALLE ST. STE. 5600
City-St-Zip: CHICAGO, IL 60654 US

Title: MGR
Name: COHEN, AARON D
Address: 300 N. LASALLE ST. STE. 5600
City-St-Zip: CHICAGO, IL 60654 US

Title: MGR
Name: NOLAN, JOSEPH P
Address: 300 N. LASALLE ST. STE. 5600
City-St-Zip: CHICAGO, IL 60654

Title: MGR
Name: CHAPMAN, TANNAZ S
Address: 300 N. LASALLE ST. STE. 5600
City-St-Zip: CHICAGO, IL 60654 US

Title: MGR
Name: HENDERSON, JIMMY W
Address: 200 COLONIAL CENTER PARKWAY SUITE 150
City-St-Zip: LAKE MARY, FL 32746 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JIMMY W HENDERSON

MGR

01/11/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date