2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2011
Secretary of State

DOCUMENT# M09000003193

Entity Name: AMERICAN WESTBROOK INSURANCE SERVICES, LLC

Current Principal Place of Business:

TWO WESTBROOK CORPORATE CTR.
SUITE 1000
WESTCHESTER, IL 60154

New Principal Place of Business:

FOUR WESTBROOK CORPORATE CTR.
SUITE 500
WESTCHESTER, IL 60154

Current Mailing Address:

TWO WESTBROOK CORPORATE CTR.
SUITE 1000
WESTCHESTER, IL 60154

New Mailing Address:

FOUR WESTBROOK CORPORATE CTR.
SUITE 500
WESTCHESTER, IL 60154

FEI Number: 27-0439619 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: HENDRICKS, DIANE
Address: TWO WESTBROOK CORPORATE CTR. SUITE 1000
City-St-Zip: WESTCHESTER, IL 60154

Title: MGR
Name: LEO, KARL
Address: FOUR WESTBROOK CORPORATE CENTER, #500
City-St-Zip: WESTCHESTER, IL 60154

Title: MGR
Name: SCHOCH, MIKEIAL
Address: FOUR WESTBROOK CORPORATE CENTER, #500
City-St-Zip: WESTCHESTER, IL 60154

Title: MGR
Name: URBANCIZ, DON
Address: FOUR WESTBROOK CORPORATE CENTER, #500
City-St-Zip: WESTCHESTER, IL 60154

Title: MGR
Name: BUEHL, TODD
Address: FOUR WESTBROOK CORPORATE CENTER, #500
City-St-Zip: WESTCHESTER, IL 60154

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 Statues.

SIGNATURE: MIKEIAL SCHOCH MGR 03/17/2011

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