2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2012
Secretary of State

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Entity Name: AVALON RISK MANAGEMENT INSURANCE AGENCY LLC

Current Principal Place of Business:

150 NW POINT BLVD.
4TH FLOOR
ELK GROVE VILLAGE, IL 60007

New Principal Place of Business:

Current Mailing Address:

150 NW POINT BLVD.
4TH FLOOR
ELK GROVE VILLAGE, IL 60007

New Mailing Address:

FEI Number: 20-1572094 **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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: PRATT, GORDON
Address: FOUR FOREST PARK DR
City-St-Zip: FARMINGTON, CT 06032

Title: MGR
Name: ZUHLKE, JAMES R
Address: 150 NW POINT BLVD. 4TH FLOOR
City-St-Zip: ELK GROVE VILLAGE, IL 60007

Title: MGR
Name: GELSOMINO, LISA M
Address: 150 NW POINT BLVD. 4TH FLOOR
City-St-Zip: ELK GROVE VILLAGE, IL 60007

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: LISA M. GELSOMINO CEO 04/04/2012

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