

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 25, 2016
Secretary of State
CC5321052757

Entity Name: CHAMBER INSURANCE AGENCY SERVICES, LLC

Current Principal Place of Business:

20 COMMERCE DRIVE
SUITE 200
CRANFORD, NJ 07016

Current Mailing Address:

20 COMMERCE DRIVE
SUITE 200
CRANFORD, NJ 07016 US

FEI Number: 22-3746022

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Authorized Person(s) Detail :

Title	SHAREHOLDER	Title	MGR, SR VP
Name	ASSUREDPARTNERS CAPITAL, INC.	Name	HENDERSON, JIM W
Address	200 COLONIAL CENTER PARKWAY SUITE 150	Address	200 COLONIAL CENTER PARKWAY SUITE 150
City-State-Zip:	LAKE MARY FL 32746	City-State-Zip:	LAKE MARY FL 32746
Title	MANAGER, SENIOR VP, SECRETARY	Title	MANAGER, SENIOR VP
Name	RILEY, THOMAS E	Name	VREDENBURG, PAUL
Address	200 COLONIAL CENTER PARKWAY SUITE 150	Address	200 COLONIAL CENTER PARKWAY SUITE 150
City-State-Zip:	LAKE MARY FL 32746	City-State-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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL VREDENBURG

MANAGER

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date