2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2013
Secretary of State
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Entity Name: AVALON RISK MANAGEMENT INSURANCE AGENCY LLC

Current Principal Place of Business:

150 NORTHWEST POINT BLVD
ELK GROVE VILLAGE, IL 60007

Current Mailing Address:

150 NORTHWEST POINT BLVD
ELK GROVE VILLAGE, IL 60007 US

FEI Number: 20-1572094

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	MEMBER	Title	MEMBER
Name	CHIPMAN, DENISE L.	Name	BAYLOR, NATHAN A.
Address	150 NORTHWEST POINT BLVD	Address	150 NORTHWEST POINT BLVD
City-State-Zip:	ELK GROVE VILLAGE IL 60007	City-State-Zip:	ELK GROVE VILLAGE IL 60007

Title	MEMBER
Name	BROWN, MICHAEL S.
Address	150 NORTHWEST POINT BLVD
City-State-Zip:	ELK GROVE VILLAGE IL 60007

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DENISE L. CHIPMAN MEMBER 04/04/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date