2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 09, 2024
Secretary of State
7364362530CC

Entity Name: AVALON RISK MANAGEMENT INSURANCE AGENCY LLC

Current Principal Place of Business:

200 N. MARTINGALE RD.
SUITE 700
SCHAUMBURG, IL 60173

Current Mailing Address:

200 N. MARTINGALE RD.
SUITE 700
SCHAUMBURG, IL 60173 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	ARM INSURANCE GROUP LLC	Name	CHIPMAN, DENISE L.
Address	200 N. MARTINGALE RD. SUITE 700	Address	200 N. MARTINGALE RD. SUITE 700
City-State-Zip:	SCHAUMBURG IL 60173	City-State-Zip:	SCHAUMBURG IL 60173
Title	MEMBER	Title	MEMBER
Name	ZUHLKE, JAMES R.	Name	BROWN, MICHAEL S.
Address	200 N. MARTINGALE RD. SUITE 700	Address	200 N. MARTINGALE RD. SUITE 700
City-State-Zip:	SCHAUMBURG IL 60173	City-State-Zip:	SCHAUMBURG IL 60173
Title	MEMBER	Title	MEMBER
Name	BAYLOR, NATHAN A.	Name	SANCHEZ, THERESA A.
Address	200 N. MARTINGALE RD. SUITE 700	Address	200 N. MARTINGALE RD. SUITE 700
City-State-Zip:	SCHAUMBURG IL 60173	City-State-Zip:	SCHAUMBURG IL 60173

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: ARM INSURANCE GROUP LLC MEMBER 04/09/2024

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