

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1000005102

**Entity Name:** JEFFERIES INSURANCE BROKERAGE, LLC

**Current Principal Place of Business:**

520 MADISON AVENUE  
16TH FLOOR  
NEW YORK, NY 10022

**Current Mailing Address:**

520 MADISON AVENUE  
16TH FLOOR  
NEW YORK, NY 10022

**FEI Number:** 95-4719745

**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            PRES  
Name            PETERS, ALBERT M  
Address        520 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10022

Title            VP  
Name            SCHIFFER, CHRISTOPHER J  
Address        520 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10022

Title            VP  
Name            BRABANT, MICHAEL J  
Address        520 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10022

*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:** ALBERT M PETERS

**PRES**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date