## 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004416

Entity Name: ASSUREDPARTNERS CAPITAL, INC.

**Current Principal Place of Business:** 

200 COLONIAL CENTER PARKWAY

SUITE 150

LAKE MARY, FL 32476

**Current Mailing Address:** 

200 COLONIAL CENTER PARKWAY

SUITE 150

LAKE MARY, FL 32476

FEI Number: 45-2712335 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

Electronic Signature of 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:

Name

Officer/Director Detail:

Title DIRECTOR, CHAIRMAN, CEO Title DIRECTOR, PRESIDENT, COO,

> SECRETARY HENDERSON, JIM W

Name RILEY. THOMAS E Address 200 COLONIAL CENTER PARKWAY

Address 200 COLONIAL CENTER PARKWAY #150

#150 LAKE MARY FL 32476

City-State-Zip: City-State-Zip: LAKE MARY FL 32476

Title DIRECTOR, SR. VP, ASST. Title SR. VP

SECRETARY VREDENBURG, PAUL CURTIS, DEAN J Name Name

200 COLONIAL CENTER PARKWAY 200 COLONIAL CENTER PKWY SUITE Address Address

> #150 150

City-State-Zip: LAKE MARY FL 32476 City-State-Zip: LAKE MARY FL 32746

Title **DIRECTOR** Title SR. VP

DONNINI, DAVID A ANDERSON, ERIC Name Name

Address 300 N. LASALLE STREET SUITE 5600 Address 200 COLONIAL CENTER PARKWAY

SUITE 150 City-State-Zip: CHICAGO IL 60654

City-State-Zip: LAKE MARY FL 32476

Title CHIEF CORPORATE COUNSEL

Title CHIEF COUNSEL, EXEC. VP KINNETT, STANLEY K II Name

200 COLONIAL CENTER PARKWAY Address 200 COLONIAL CENTER PARKWAY

Address SUITE 150

SUITE 150 LAKE MARY FL 32476 City-State-Zip: LAKE MARY FL 32476 City-State-Zip:

SMITH, WALTER L

Continues on page 2

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Name

01/07/2015 SIGNATURE: DEAN J. CURTIS SR. VP

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Jan 07, 2015

**Secretary of State** 

CC5003455549

Date

## Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name COHEN, AARON D Name JESCHKE, STEPHEN J

Address 300 N. LASALLE ST. STE 5600 Address 300 N. LASALLE ST. STE 5600

City-State-Zip: CHICAGO IL 60654 City-State-Zip: CHICAGO IL 60654

Title DIRECTOR Title SR VP

Name YARBROUGH, STUART Name DEAL, STEVEN C

Address 200 COLONIAL CENTER PARKWAY Address 200 COLONIAL CENTER PARKWAY

SUITE 150 SUITE 150

City-State-Zip: LAKE MARY FL 32476 City-State-Zip: LAKE MARY FL 32476