	State of Rhode Office of the Secreta		Fee: \$50.0
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-30		
Limited Liability ( Annual Report Filing Period: Septemb			
to file its annual report	.G.L. 7-16-66(d), each limited liability com within thirty (30) days after the time presc to a penalty fee of \$25.00.		
ANNUAL REPORT Y	EAR: <u>2020</u>		
<b>1. ID No.</b> <u>00017</u>	<u>9753</u>		
	ne Limited Liability Company <u>ALLIED</u> LOS ANGELES, LLC	NORTH AMERICA	<u>INSURANCE</u>
3. State of Formation	on .		
State: <u>DE</u>			
	ARTICLE III		
	ICS Code that best describes the primary More information on <u>NAICS</u> can be found	-	the entity. Download
524210			
4. Brief Description	of the Character of the Business Which	is Actually Conducte	d in Rhode Island
INSURANCE BRO	KERAGE SERVICES		
5. Principal Office A	ddress		
No. and Street:	200 E. RANDOLPH ST.		
City or Town:	<u>8TH FLOOR</u> CHICAGO State	:: <u>IL</u> Zip: <u>60601</u>	Country: <u>USA</u>
6. Mailing Address of	of Limited Liability Company and Name	e or Title of Contact P	erson:
-	ntact Title:		
No. and Street: 2	200 E. RANDOLPH ST.		
	<u>STH FLOOR</u> CHICAGO State	e: <u>IL</u> Zip: <u>60601</u>	Country: <u>USA</u>
7. Name and Addres DO NOT LIST MEI	ss of Each Manager of the Limited Liab MBERS	ility Company, if App	licable.
Title	Individual Name	Addı	ress
	First, Middle, Last, Suffix	Address, City or Town, S	state, Zip Code, Country

MANAGER
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PAUL A. HAGY

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 27 Day of October, 2020 at 10:02:37 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By MICHELLE S. LEY

Signature of Authorized Person

Form No. 632 Revised 09/07

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