

1.) CORPORATION NAME:

Assured NL Insurance Services, Inc.

DUE DATE: **9/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER
1111 EAST MAIN STREET, 16TH FLOOR**

SCC ID NO: **F1874843**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4000 SMITH ROAD
SUITE 400

CITY/ST/ZIP: CINCINNATI, OH 45209

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JIM W HENDERSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	200 COLONIAL CENTER PKWY STE 150		
	SUITE 400		
CITY/ST/ZIP/CO:	LAKE MARY, FL 32746		

NAME:	THOMAS E RILEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	200 COLONIAL CENTER PKWY STE 150		
	LAKE MARY, FL 32746		

NAME:	ERIC E. ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4000 SMITH ROAD		
	SUITE 400		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45209		

NAME:	LOUIS M BERMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4000 SMITH RD STE 400		
	CINCINNATI, OH 45209		

NAME:	DEAN J CURTIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	200 COLONIAL CENTER PKWY STE 150		
	LAKE MARY, FL 32746		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY J DEVINE VICE PRESIDENT 4000 SMITH RD STE 400 CINCINNATI, OH 45209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT R HEISER VICE PRESIDENT 4000 SMITH RD STE 400 CINCINNATI, OH 45209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN J JONES VICE PRESIDENT 4000 SMITH RD STE 400 CINCINNATI, OH 45209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH T LUKENS VICE PRESIDENT 4000 SMITH RD STE 400 CINCINNATI, OH 45209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID J PRISCO VICE PRESIDENT 4000 SMITH RD STE 400 CINCINNATI, OH 45209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES J RAUSCH VICE PRESIDENT 4000 SMITH RD STE 400 CINCINNATI, OH 45209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLY S ROBSON VICE PRESIDENT 4000 SMITH RD STE 400 CINCINNATI, OH 45209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS A STOUGH VICE PRESIDENT 4000 SMITH RD STE 400 CINCINNATI, OH 45209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL VREDENBURG SECRETARY 200 COLONIAL CENTER PKWY STE 150 LAKE MARY, FL 32746	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALD B BUDDE CFO 4000 SMITH ROAD SUITE 400 CINCINNATI, OH 45209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STANLEY K KINNETT, II CHF CRP COUNSEL 200 COLONIAL CENTER PKWY STE 150 LAKE MARY, FL 32746	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	JOHN F NEACE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	4000 SMITH ROAD		
CITY/ST/ZIP/CO:	SUITE 400 CINCINNATI, OH 45209		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JIM W HENDERSON</u>	<u>JIM W HENDERSON, VICE</u>	<u>8/19/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.