

1.) CORPORATION NAME:

Assured NL Insurance Agency, Inc.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1874942**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

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 HENDERSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4000 Smith Road Suite 400		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45209		

NAME:	ERIC E ANDERSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	895 CENTRAL AVE STE 1100		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		

NAME:	TOM RILEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	895 CENTRAL AVE STE 1100		
CITY/ST/ZIP/CO:	CINCINNATI, OH 45202		

NAME:	John F Neace	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4000 Smith Road Suite 400		
CITY/ST/ZIP/CO:	Cincinnati, OH 45209		

NAME:	Paul Vredenburg	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4000 Smith Road Suite 400		
CITY/ST/ZIP/CO:	Cincinnati, OH 45209		

NAME:	Gerald B Budde	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4000 Smith Road Suite 400		
CITY/ST/ZIP/CO:	Cincinnati, OH 45209		

NAME:	Paul Vredenburg	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4000 Smith Road		
	Suite 400		
CITY/ST/ZIP/CO:	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.

/s/ Gerald BBudde	Gerald BBudde,	6/30/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.