

1.) CORPORATION NAME:

**Assured NL Insurance Agency, Inc.**

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1874942**

**RICHMOND, VA 23219**

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:	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:	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:	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:	TOM RILEY	<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:	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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL VREDENBURG SECRETARY 4000 SMITH ROAD SUITE 400 CINCINNATI, OH 45209	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL VREDENBURG DIRECTOR 4000 SMITH ROAD SUITE 400 CINCINNATI, OH 45209	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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 B BUDDE	GERALD B BUDDE, TREASURER	9/21/2012	
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.			