

1.) CORPORATION NAME:

**Assured NL Insurance Agency, Inc.**

DUE DATE: **9/30/2013**

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**

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:	CEO		
ADDRESS:	4000 SMITH ROAD		
CITY/ST/ZIP/CO:	SUITE 400 CINCINNATI, OH 45209		

NAME:	JIM W HENDERSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	200 Colonial Center Pkwy Ste 150		
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		
CITY/ST/ZIP/CO:	Lake mary, FL 32746		

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

NAME:	GERALD B BUDDE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4000 SMITH ROAD		
CITY/ST/ZIP/CO:	SUITE 400 CINCINNATI, OH 45209		

NAME:	PAUL VREDENBURG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	200 Colonial Center Pkwy Ste 150		
CITY/ST/ZIP/CO:	Lake Mary, FL 32746		
NAME:	Stanley K Kinnett, II	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Chf Crp Counsel		
ADDRESS:	200 Colonial Center Pkwy Ste 150		
CITY/ST/ZIP/CO:	Lake Mary, FL 32746		
NAME:	Dean J Curtis	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	200 Colonial Center Pkwy Ste 150		
CITY/ST/ZIP/CO:	Lake Mary, FL 32746		
NAME:	Louis M Berman	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4000 Smith Rd Ste 400		
CITY/ST/ZIP/CO:	Cincinnati, OH 45209		
NAME:	Scott R Heiser	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4000 Smith Rd Ste 400		
CITY/ST/ZIP/CO:	Cincinnati, OH 45209		
NAME:	Alan J Jones	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4000 Smith Rd Ste 400		
CITY/ST/ZIP/CO:	Cincinnati, OH 45209		
NAME:	Joseph T Lukens	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4000 Smith Rd Ste 400		
CITY/ST/ZIP/CO:	Cincinnati, OH 45209		
NAME:	Douglas A Stough	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4000 Smith Rd Ste 400		
CITY/ST/ZIP/CO:	Cincinnati, OH 45209		
NAME:	Timothy J Devine	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4000 Smith Rd Ste 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/ JIM W HENDERSON	JIM W HENDERSON, VICE	8/29/2013
_____ 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.