



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 140515		2. Exact name of the limited liability company First Trust Insurance Group, LLC			
3. State of Formation Massachusetts		4. Brief description of the character of the business which is actually conducted in Rhode Island Insurance Brokerage Firm			
5. Principal office address 50 Resnik Road, Suite 300			City Plymouth	State MA	Zip 02360
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David J. Nolan			Contact Title		
Street Address 50 Resnik Road, Suite 300			City Plymouth	State MA	Zip 02360
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name None			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Preston W. Halperin			Address		
Address 1080 Main Street			City Pawtucket	Zip 02860	

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

140515

File Date	FILED
Check No.	OCT 28 2008
By:	1515
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained hereon are true and correct.

[Signature]
Signature of Authorized Person Date **10/22/08**

David Nolan

Print or Type Name of Authorized Person