



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

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2009

1. ID No. 000159903

2. Exact Name of the Limited Liability Company COLEMONT INSURANCE BROKERS OF ARIZONA LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

INSURANCE BROKERS

5. Principal Office Address

No. and Street: 5910 NORTH CENTRAL EXPRESSWAY, SUITE 400

City or Town: DALLAS

State: TX Zip: 75206 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: RUTHIE WEBB Contact Title: EXECUTIVE ASSISTANT

No. and Street: 5910 NORTH CENTRAL EXPRESSWAY, SUITE 400

City or Town: DALLAS

State: TX Zip: 75206 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KRIS BOSTICK	5910 N. CENTRAL EXPSWAY, SUITE 400 DALLAS, TX 75206 USA
MANAGER	MARSHALL KATH	5910 N CENTRAL EXPY STE 400 DALLAS, TX 75206 USA
MANAGER	ROBERT J MATAMOROS	5910 N CENTRAL EXPY STE 400 DALLAS, TX 75206 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 155 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903

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

Signed this 21 Day of September, 2009 at 1:00:37 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KRIS BOSTICK
Signature of Authorized Person

Form No. 632
Revised 09/07

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