



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 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 484701		2. Exact name of the limited liability company Insurance Specialty Group, LLC			
3. State of Formation Georgia		4. Brief description of the character of the business which is actually conducted in Rhode Island Insurance Brokerage			
5. Principal office address 4501 Circle 75 Parkway, Suite F-6200		City Atlanta	State Georgia	Zip 30339	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Sonya Arnold			Contact Title Executive Legal Assistant		
Street Address 4501 Circle 75 Parkway, Suite F-6200		City Atlanta	State Georgia	Zip 30339	
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 Bruce Harrell			Manager Name James Sce		
Street Address 4501 Circle 75 Parkway, Suite F-6200			Street Address 3500 W. Olive Avenue, Suite #1490		
City Atlanta	State Georgia	Zip 30339	City Burbank	State CA	Zip 91505
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

484701

File Date	9-28-2010
Check No.	10015
By:	<i>mmc</i>
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 herein are true and correct.

Bruce Harrell 9/7/10
Signature of Authorized Person Date

Bruce Harrell

Print or Type Name of Authorized Person