



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(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:** 2011

**1. ID No.** 000506041

**2. Exact Name of the Limited Liability Company** Bearence Management Group, LLC

**3. State of Formation**

State: IA

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

Insurance Agency

**5. Principal Office Address**

No. and Street: 1045 76TH STREET  
SUITE 4000

City or Town: WEST DES MOINES State: IA Zip: 50266 Country: USA

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

Contact Name: DAVID SCHWARTZ Contact Title: MANAGER

No. and Street: 1045 76TH STREET  
SUITE 4000

City or Town: WEST DES MOINES State: IA Zip: 50266 Country: USA

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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	DAVID SCHWARTZ	1045 76TH STREET 4000 WEST DES MOINES, IA 50266 USA
MANAGER	DENNIS JOHNSON	1045 76TH STREET, #4000 WEST DES MOINES, IA 50266 USA
MANAGER	JOSEPH TEELING	1045 76TH STREET, #4000 WEST DES MOINES, IA 50266 USA
MANAGER	DANIEL SEEMUTH	1045 76TH STREET, #4000 WEST DES MOINES, IA 50266 USA
MANAGER	BRENDA VINCENT	1045 76TH STREET, #4000 WEST DES MOINES, IA 50266 USA

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

NATIONAL REGISTERED AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

**Signed this 3 Day of August, 2011 at 8:45:28 AM 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 DAVID SCHWARTZ  
Signature of Authorized Person

Form No. 632  
Revised 09/07