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: 2014

1. ID No. 000712147

2. Exact Name of the Limited Liability Company Trilogy Risk Specialists, LLC

3. State of Formation

State: DE

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

Wholesale Surplus Lines Insurance Brokerage

5. Principal Office Address

No. and Street: 3325 PADDOCKS PARKWAY
SUITE 200
City or Town: SUWANEE State: GA Zip: 30024 Country: USA

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

Contact Name: LISA ERNST Contact Title: COMPLIANCE
No. and Street: 3325 PADDOCKS PARKWAY, SUITE 200
City or Town: SUWANEE State: GA Zip: 30024Country: 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	LANCE AMACHER	3325 PADDOCKS PARKWAY, SUITE 200 SUWANEE, GA 30024 USA
MANAGER	ROY OVERSTREET	3325 PADDOCKS PARKWAY, SUITE 200 SUWANEE, GA 30024 USA
MANAGER	WILLIAM HESLEY	3325 PADDOCKS PARKWAY, SUITE 200 SUWANEE, GA 30024 USA
MANAGER	BRUCE DENSON	115 OFFICE PARK DRIVE, SUITE 200 BIRMINGHAM, AL 35223 USA

MANAGER	H. GRANTLAND RICE III	115 OFFICE PARK DRIVE, SUITE 200 BIRMINGHAM, AL 35223 USA
MANAGER	RANDY M MAYFIELD	115 OFFICE PARK DRIVE, SUITE 200 BIRMINGHAM, AL 35223 USA

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

REGISTERED AGENT SOLUTIONS, 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 4 Day of September, 2014 at 9:19:31 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 LISA M. ERNST
Signature of Authorized Person

Form No. 632
Revised 09/07

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