



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

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 001024170

2. Name of Corporation Trilogy Risk Specialists, Inc.

3. Street Address Principal Business Office:

No. and Street: C/O LUCY CRAVEN, REGIONS INSURANCE
INC.

6000 POPLAR AVENUE, SUITE 300

City or Town: MEMPHIS

State: TN Zip: 38119 Country: USA

4. Business Phone No.

9016843275

5. State of Incorporation

State: TN

6. Brief Description of the Character of Business Conducted in Rhode Island

WHOLESALE INSURANCE AGENCY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RICK ULMER	100 S. SANDERS ROAD LAKE FOREST, IL 60045 USA
TREASURER	MARY KAY CALDWELL	6000 POPLAR AVE SUITE 300 MEMPHIS, TN 38119 USA
SECRETARY	W STEPHEN GARDNER	6000 POPLAR AVE SUITE 300 MEMPHIS, TN 38119 USA
DIRECTOR	RICK ULMER	100 S SANDERS ROAD

		LAKE FOREST, IL 60045 USA
DIRECTOR	W STEPHEN GARDNER	6000 POPLAR AVE STE 300 MEMPHIS, TN 38119 USA
DIRECTOR	MARY KAY CALDWELL	6000 POPLAR AVE SUITE 300 MEMPHIS, TN 38119 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	1,000.00	0

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 18 Day of March, 2015 at 12:03:31 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By W STEPHEN GARDNER
Signature of Authorized Representative of the Corporation

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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