

No. W 76619	Due no later than Aug 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. INSURANCE SPECIALTY GROUP, LLC ATTN ANNE HARRELL 3301 WINDY RIDGE PKWY,SE SUITE 100 ATLANTA GA 30339 USA		CORPORATE CREATIONS NETWORK IN 950 W BANNOCK ST #1100 BOISE ID 83702-3033			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	BRUCE E HARRELL	3301 WINDY RIDGE PKWY, SE SUITE 100	ATLANTA	GA	USA	30339
5. Organized Under the Laws of: GA W 76619		6. Annual Report must be signed.* Signature: Anne Harrell Name (type or print): Anne Harrell Date: 07/28/2016 Title: Records				
Processed 07/28/2016		* Electronically provided signatures are accepted as original signatures.				