

No. W 76619		Due no later than Aug 31, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. INSURANCE SPECIALTY GROUP, LLC ANNE HARRELL 4501 CIRCLE 75 PARKWAY SUITE F-6200 ATLANTA GA 30339 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
				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 HARRELL	4501 CIRCLE 75 PARKWAY SUITE F-6200	ATLANTA	GA	USA	30339	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
GA W 76619		Signature: Anne Harrell				Date: 06/14/2011	
		Name (type or print): Anne Harrell				Title: Records Analyst	
Processed 06/14/2011		* Electronically provided signatures are accepted as original signatures.					