## **2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002457

Entity Name: RYAN SPECIALTY GROUP SERVICES, LLC

**FILED** Mar 01, 2021 **Secretary of State** 9511690698CC

## **Current Principal Place of Business:**

180 N STETSON AVENUE **SUITE 4600** CHICAGO, IL 60601

## **Current Mailing Address:**

180 N STETSON AVENUE **SUITE 4600** CHICAGO, IL 60601 US

FEI Number: 27-2122990 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Name

Address

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

**EXECUTIVE VICE PRESIDENT AND** Title Title CHAIRMAN, PRESIDENT, CHIEF

CHIEF FINANCIAL OFFICER **EXECUTIVE OFFICER** 

Name AIGOTTI, DIANE Name RYAN, PATRICK

Address 180 N STETSON AVENUE Address 180 N STETSON AVENUE

SUITE 4600 **SUITE 4600** 

City-State-Zip: CHICAGO IL 60601 City-State-Zip: CHICAGO IL 60601

Title SENIOR VICE PRESIDENT AND Title VICE PRESIDENT AND SECRETARY

**TREASURER** ACKERMAN, IAN N Name Name BICKHAM, JEREMIAH M

180 N STETSON AVENUE Address Address 180 N STETSON AVENUE

**SUITE 4600 SUITE 4600** 

CHICAGO IL 60601 City-State-Zip: CHICAGO IL 60601 City-State-Zip:

Title SENIOR VICE PRESIDENT, CHIEF HR Title MANAGING MEMBER **OFFICER** 

PASCHAL, LISA RYAN SPECIALTY GROUP, LLC Name

180 N STETSON AVENUE Address 180 N STETSON AVENUE Address

**SUITE 4600 SUITE 4600** 

CHICAGO IL 60601 CHICAGO IL 60601 City-State-Zip: City-State-Zip:

Title EXECUTIVE VICE PRESIDENT

180 N STETSON AVENUE

Name KATZ, MARK S.

**SUITE 4600** 

City-State-Zip: CHICAGO IL 60601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

03/01/2021 SIGNATURE: IAN N. ACKERMAN SECRETARY