

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002619

FILED
Jan 07, 2010
Secretary of State

Entity Name: PARTNERS SPECIALTY GROUP, LLC

Current Principal Place of Business:

BENTWOOD EXECUTIVE CAMPUS
301 E. GERMANTOWN PIKE, SUITE 402
NORRISTOWN, PA 19401

New Principal Place of Business:

Current Mailing Address:

BENTWOOD EXECUTIVE CAMPUS
301 E. GERMANTOWN PIKE, SUITE 402
NORRISTOWN, PA 19401

New Mailing Address:

FEI Number: 23-3062063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MCDONNELL, DANIEL P CHAIRMA
Address: 301 E. GERMANTOWN PIKE, STE 402
City-St-Zip: NORRISTOWN, PA 19401 US

Title: MGRM
Name: CAVISTON, MAUREEN C PRESIDE
Address: 186 SADDLE HILL ROAD
City-St-Zip: STAMFORD, CT 06903 US

Title: MGRM
Name: CORVIN, SARAH L EVP
Address: 231 SURFVIEW DRIVE
City-St-Zip: PACIFIC PALISADES, CA 90272 US

Title: MGRM
Name: GRAFSTEIN, DAVID EVP
Address: 49 HEMMING WAY
City-St-Zip: STAMFORD, CT 06903 US

Title: MGRM
Name: PATTERSON, MARK E EVP
Address: 1236 W. 57TH STREET
City-St-Zip: KANSAS CITY, MO 64113 US

Title: MGRM
Name: ROTTER, MARC EVP
Address: 9623 WENDOVER DRIVE
City-St-Zip: BEVERLY HILLS, CA 90210 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DANIEL P. MCDONNELL

CEO

01/07/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date