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UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM D

OMB APPROVAL

OMB Number: 3235-0076
Estimated average burden
hours per response: 4.00

Notice of Exempt Offering of Securities

1. Issuer's Identity

CIK (Filer ID Number)	Previous Names	<input type="checkbox"/> None	Entity Type
0001566035	Ryan Specialty Group GP, LLC		<input type="checkbox"/> Corporation
Name of Issuer			<input type="checkbox"/> Limited Partnership
Ryan Specialty Group, LLC			<input checked="" type="checkbox"/> Limited Liability Company
Jurisdiction of Incorporation/Organization			<input type="checkbox"/> General Partnership
DELAWARE			<input type="checkbox"/> Business Trust
Year of Incorporation/Organization			<input type="checkbox"/> Other (Specify)
<input checked="" type="checkbox"/> Over Five Years Ago			
<input type="checkbox"/> Within Last Five Years (Specify Year)			
<input type="checkbox"/> Yet to Be Formed			

2. Principal Place of Business and Contact Information

Name of Issuer			
Ryan Specialty Group, LLC			
Street Address 1		Street Address 2	
180 N. STETSON AVENUE, SUITE 4600			
City	State/Province/Country	ZIP/PostalCode	Phone Number of Issuer
CHICAGO	ILLINOIS	60601	312-784-6001

3. Related Persons

Last Name	First Name	Middle Name
RYAN	PATRICK	G.
Street Address 1	Street Address 2	
C/O RYAN SPECIALTY GROUP, LLC	180 N. STETSON AVENUE, 4600	
City	State/Province/Country	ZIP/PostalCode
CHICAGO	ILLINOIS	60601
Relationship:	<input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter	

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
BIENEN	HENRY	S.
Street Address 1	Street Address 2	
C/O RYAN SPECIALTY GROUP, LLC	180 N. STETSON AVENUE, SUITE	

City **CHICAGO** State/Province/Country **ILLINOIS** ZIP/PostalCode **60601**
 Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name **BOLGER** First Name **DAVID** Middle Name **P.**
 Street Address 1 **C/O RYAN SPECIALTY GROUP, LLC** Street Address 2 **180 N. STETSON AVENUE, SUITE 4600**
 City **CHICAGO** State/Province/Country **ILLINOIS** ZIP/PostalCode **60601**
 Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name **DEVERS, JR.** First Name **WILLIAM** Middle Name **J.**
 Street Address 1 **C/O RYAN SPECIALTY GROUP, LLC** Street Address 2 **180 N. STETSON AVENUE, SUITE 4600**
 City **CHICAGO** State/Province/Country **ILLINOIS** ZIP/PostalCode **60601**
 Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name **FINDLAY** First Name **D.** Middle Name **CAMERON**
 Street Address 1 **C/O RYAN SPECIALTY GROUP, LLC** Street Address 2 **180 N. STETSON AVENUE, SUITE 4600**
 City **CHICAGO** State/Province/Country **ILLINOIS** ZIP/PostalCode **60601**
 Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name **MCKENNA** First Name **ANDREW** Middle Name
 Street Address 1 **C/O RYAN SPECIALTY GROUP, LLC** Street Address 2 **180 N. STETSON AVENUE, SUITE 4600**
 City **CHICAGO** State/Province/Country **ILLINOIS** ZIP/PostalCode **60601**
 Relationship: Executive Officer Director Promoter

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
O'HALLERAN	MICHAEL	D.
Street Address 1	Street Address 2	
C/O RYAN SPECIALTY GROUP, LLC	180 N. STETSON AVENUE, SUITE 4600	
City	State/Province/Country	ZIP/PostalCode
CHICAGO	ILLINOIS	60601
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
RICE	MICHAEL	D.
Street Address 1	Street Address 2	
C/O RYAN SPECIALTY GROUP, LLC	180 N. STETSON AVENUE, SUITE 4600	
City	State/Province/Country	ZIP/PostalCode
CHICAGO	ILLINOIS	60601
Relationship: <input checked="" type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
ROGERS	JOHN	W.
Street Address 1	Street Address 2	
C/O RYAN SPECIALTY GROUP, LLC	180 N. STETSON AVENUE, SUITE 4600	
City	State/Province/Country	ZIP/PostalCode
CHICAGO	ILLINOIS	60601
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
SANDNER	JOHN	F.
Street Address 1	Street Address 2	
C/O RYAN SPECIALTY GROUP, LLC	180 N. STETSON AVENUE, SUITE 4600	
City	State/Province/Country	ZIP/PostalCode
CHICAGO	ILLINOIS	60601
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
SULLIVAN	THOMAS	F.
Street Address 1	Street Address 2	
C/O RYAN SPECIALTY GROUP, LLC	180 N. STETSON AVENUE, SUITE 4600	
City	State/Province/Country	ZIP/PostalCode
CHICAGO	ILLINOIS	60601
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		



Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
TURNER	TIMOTHY	W.
Street Address 1	Street Address 2	
C/O RYAN SPECIALTY GROUP, LLC	180 N. STETSON AVENUE, SUITE 4600	
City	State/Province/Country	ZIP/PostalCode
CHICAGO	ILLINOIS	60601
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
AIGOTTI	DIANE	M.
Street Address 1	Street Address 2	
C/O RYAN SPECIALTY GROUP, LLC	180 N. STETSON AVENUE, SUITE 4600	
City	State/Province/Country	ZIP/PostalCode
CHICAGO	ILLINOIS	60601
Relationship: <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
MULSHINE	BRENDAN	M.
Street Address 1	Street Address 2	
C/O RYAN SPECIALTY GROUP, LLC	180 N. STETSON AVENUE, SUITE 4600	
City	State/Province/Country	ZIP/PostalCode
CHICAGO	ILLINOIS	60601
Relationship: <input checked="" type="checkbox"/> Executive Officer <input type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

Last Name	First Name	Middle Name
LE BLANC	ROBERT	M.
Street Address 1	Street Address 2	
C/O RYAN SPECIALTY GROUP, LLC	180 N. STETSON AVENUE, SUITE 4600	
City	State/Province/Country	ZIP/PostalCode
CHICAGO	ILLINOIS	60601
Relationship: <input type="checkbox"/> Executive Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Promoter		

Clarification of Response (if Necessary):

4. Industry Group

Agriculture

Health Care

Retailing



<input type="checkbox"/> Banking & Financial Services	<input type="checkbox"/> Biotechnology	<input type="checkbox"/> Restaurants
<input type="checkbox"/> Commercial Banking	<input type="checkbox"/> Health Insurance	Technology
<input checked="" type="checkbox"/> Insurance	<input type="checkbox"/> Hospitals & Physicians	<input type="checkbox"/> Computers
<input type="checkbox"/> Investing	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Investment Banking	<input type="checkbox"/> Other Health Care	<input type="checkbox"/> Other Technology
<input type="checkbox"/> Pooled Investment Fund	<input type="checkbox"/> Manufacturing	Travel
Is the issuer registered as an investment company under the Investment Company Act of 1940?	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Airlines & Airports
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Commercial	<input type="checkbox"/> Lodging & Conventions
<input type="checkbox"/> Other Banking & Financial Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Tourism & Travel Services
<input type="checkbox"/> Business Services	<input type="checkbox"/> REITS & Finance	<input type="checkbox"/> Other Travel
Energy	<input type="checkbox"/> Residential	<input type="checkbox"/> Other
<input type="checkbox"/> Coal Mining	<input type="checkbox"/> Other Real Estate	
<input type="checkbox"/> Electric Utilities		
<input type="checkbox"/> Energy Conservation		
<input type="checkbox"/> Environmental Services		
<input type="checkbox"/> Oil & Gas		
<input type="checkbox"/> Other Energy		

5. Issuer Size

Revenue Range	OR	Aggregate Net Asset Value Range
<input type="checkbox"/> No Revenues		<input type="checkbox"/> No Aggregate Net Asset Value
<input type="checkbox"/> \$1 - \$1,000,000		<input type="checkbox"/> \$1 - \$5,000,000
<input type="checkbox"/> \$1,000,001 - \$5,000,000		<input type="checkbox"/> \$5,000,001 - \$25,000,000
<input type="checkbox"/> \$5,000,001 - \$25,000,000		<input type="checkbox"/> \$25,000,001 - \$50,000,000
<input type="checkbox"/> \$25,000,001 - \$100,000,000		<input type="checkbox"/> \$50,000,001 - \$100,000,000
<input type="checkbox"/> Over \$100,000,000		<input type="checkbox"/> Over \$100,000,000
<input checked="" type="checkbox"/> Decline to Disclose		<input type="checkbox"/> Decline to Disclose
<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Not Applicable

6. Federal Exemption(s) and Exclusion(s) Claimed (select all that apply)

<input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii))	<input type="checkbox"/> Investment Company Act Section 3(c)
<input type="checkbox"/> Rule 504 (b)(1)(i)	<input type="checkbox"/> Section 3(c)(1) <input type="checkbox"/> Section 3(c)(9)
<input type="checkbox"/> Rule 504 (b)(1)(ii)	<input type="checkbox"/> Section 3(c)(2) <input type="checkbox"/> Section 3(c)(10)
<input type="checkbox"/> Rule 504 (b)(1)(iii)	<input type="checkbox"/> Section 3(c)(3) <input type="checkbox"/> Section 3(c)(11)
<input checked="" type="checkbox"/> Rule 506(b)	<input type="checkbox"/> Section 3(c)(4) <input type="checkbox"/> Section 3(c)(12)
<input type="checkbox"/> Rule 506(c)	
<input type="checkbox"/> Securities Act Section 4(a)(5)	

Section 3(c)(5) Section 3(c)(13) Section 3(c)(6) Section 3(c)(14) Section 3(c)(7)**7. Type of Filing** New Notice Date of First Sale **2018-09-26** First Sale Yet to Occur Amendment**8. Duration of Offering**Does the Issuer intend this offering to last more than one year? Yes No**9. Type(s) of Securities Offered (select all that apply)** Equity Pooled Investment Fund Interests Debt Tenant-in-Common Securities Option, Warrant or Other Right to Acquire Another Security Mineral Property Securities Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security Other (describe)**10. Business Combination Transaction**Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? Yes No

Clarification of Response (if Necessary):

11. Minimum InvestmentMinimum investment accepted from any outside investor **\$100,000** USD**12. Sales Compensation**

Recipient

Recipient CRD Number None(Associated) Broker or Dealer None(Associated) Broker or Dealer CRD Number None

Street Address 1

Street Address 2

City

State/Province/Country

ZIP/Postal Code

State(s) of Solicitation (select all that apply)

Check "All States" or check individual States

 All States Foreign/non-US**13. Offering and Sales Amounts**Total Offering Amount **\$600,000** USD or IndefiniteTotal Amount Sold **\$500,000** USDTotal Remaining to be Sold **\$100,000** USD or Indefinite

Clarification of Response (if Necessary):

14. Investors

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering.

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finder's Fees Expenses

Provide separately the amounts of sales commissions and finders fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$0 USD Estimate

Finders' Fees \$0 USD Estimate

Clarification of Response (if Necessary):

16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$0 USD Estimate

Clarification of Response (if Necessary):

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

Terms of Submission

In submitting this notice, each issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in the accordance with applicable law, the information furnished to offerees.*
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signer	Title	Date
Ryan Specialty Group, LLC	/S/ DIANE AIGOTTI	DIANNE AIGOTTI	CHIEF FINANCIAL OFFICER	2018-10-10

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.
