

No. W 168008	Due no later than Jun 30, 2018 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. AMWINS SPECIALTY CASUALTY SOLUTIONS, LLC 4725 PIEDMONT ROW DRIVE SUITE 600 CHARLOTTE NC 28210	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705					
		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	SCOTT M. PURVIANCE	4725 PIEDMONT ROW DRIVE SUITE 600	CHARLOTTE	NC	USA	28210	
MANAGER	MICHAEL STEVEN DECARLO	4725 PIEDMONT ROW DRIVE SUITE 600	CHARLOTTE	NC	USA	28210	
5. Organized Under the Laws of: NC W 168008	6. Annual Report must be signed.*						
	Signature: Kelly Lettmann				Date: 05/11/2018		
	Name (type or print): Kelly Lettmann				Title: POA		
Processed 05/11/2018		* Electronically provided signatures are accepted as original signatures.					