No. W 168008		Due no later than Jun 30, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. AMWINS SPECIALTY CASUALTY SOLUTIONS, LLC 4725 PIEDMONT ROW DR STE 600 CHARLOTTE NC 28210		2. Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Co	ompanies: Enter Nar	mes and Addresses of a	it 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:		6. Annual Report must be signed.*					
NC W 168008		Signature: Kelly Lettmann		Date: 05/08/2017			
		Name (type or print	Title: POA				
Processed 05/08/2017		* Electronically provided signatures are accepted as original signatures.					