No. W 120211 Return to:		Due no later than Dec 31, 2016 Annual Report Form		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:*							
								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 ACCESS INSURANCE SERVICES, LLC ONE GRESHAM LANDING STOCKBRIDGE GA 30281 USA											
		1. Limited Liability C	Companies: Enter Na							mes and Addresses of	at least one Member or Manager.
Office Held	Name		Street or PO Address					City	State	Country	Postal Code
MANAGER	MICHAEL ST	EVEN DECARLO	4725 PIEDMONT ROW DRIVE SUITE 600	CHARLOTTE	NC	USA	28210				
MANAGER	SCOTT M.	PURVIANCE	4725 PIEDMONT ROW DRIVE SUITE 600	CHARLOTTE	NC	USA	28210				
5. Organized Under the Laws of:		6. Annual Report mus	st be signed.*								
NC W 120211		Signature: Kelly Le	Date: 11/03/2016								
		Name (type or prir	Title: POA								
Processed 11/03/20)16	* Electronically provid	ed signatures are accepted as original sign	natures.							