No. **W 120211**	**Due no later than Dec 31, 2017** **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 ACCESS INSURANCE SERVICES, LLC ONE GRESHAM LANDING STOCKBRIDGE GA 30281 USA	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New 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	MICHAEL STEVEN 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 must be signed.*	
NC **W 120211**	Signature: Kelly Lettmann Name (type or print): Kelly Lettmann	Date: 11/15/2017 Title: POA
Processed 11/15/2017	* Electronically provided signatures are accepted as original signatures.	