State of Idaho

Office of the Secretary of State

CERTIFICATE OF REGISTRATION

OF

AMWINS SPECIALTY CASUALTY SOLUTIONS, LLC

File Number W 168008

I, LAWERENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: June 17, 2016



SECRETARY OF STATE

By Conthinh

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ID020 - 12/22/2015 Wolters Kluwer Online

FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

FILED EFFECTIVE

2016 JUN 17 PM 2: 52

SECRETARY OF STATE STATE OF IDAHO

1.	. The name of the entity is: AmWINS SI	pecialty Casualty Solutions, LLC	LC	
2.	The name which it shall use In Idaho is:			
3.		elect the type of entity you wish to register: (Enter a name here, only if you are required to adopt an alternate name)		
Ο,	Business Corporation			
	☐ Nonprofit Corporation	☐ General Cooperative As	Association	
	☐ Limited Liability Partnership		cluding a limited liability limited partnership	
	☑ Limited Liability Company	☑ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust		
	□ Other:	☐ Other:		
	(Use "Other" only if your foreign er	ntity type is not listed above, and ent	nter the type here.)	
4.	. Jurisdiction of formation: North Carolin	Jurisdiction of formation: North Carolina (Provide the domestic jurisdiction where the entity was formed)		
5.	. The address of its principal office is:	t. 101140 nio dell'idono landicin	more the entry was remined)	
	4725 Piedmont Row Dr., Ste 600, Charlo	tte, NC 28210		
	(Street Address)			
	(Malling Address, if different)			
6.	. The address of its domestic principal of	office (if required by the laws	s of the jurisdiction of formation) is:	
	4725 Piedmont Row Dr., Ste 600, Charlotte, NC 28210			
	(Street Address)			
	(Mailing Address, if different)			
7.	The mailing address to which correspondence should be addressed, if different from item 5, is:			
	(Address)			
_	. ,			
8,				
	C T Corporation System (Name)		Suite G, Boise, Idaho 83705	
	(radios)			
9.	The name, capacity, and mailing addre	ss of at least one governor:	•	
			t Row Dr., Ste 600, Charlotte, NC 28210	
	(Name) (Cap	pacity) (Address)		
			t Row Dr., Ste 600, Charlotte, NC 28210	
	(Name) (Cap	pacity) (Address)		
	Signature:		E IDAHO SECRETARY OF STATE	
	Typed Name: Scott M. Purviance		9 06/17/2016 05:00 CK:PREPAID CT:278665 BH:1533851 16 100.00 = 100.00 FOR REG ST #2 16 20.00 = 20.00 EXPEDITE C #3	
	Capacity: Manager		% September 2	
Rev.	v. 11/2015		W118008	



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

AMWINS SPECIALTY CASUALTY SOLUTIONS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 27th day of December, 2012, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 16th day of June, 2016.

Secretary of State

6 laine I. Marshall

Certification# 98901958-1 Reference# 13244832- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification