

No. C 189223	Due no later than Nov 30, 2015 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 GROUP BENEFITS, INC. 50 WHITECAP DRIVE NORTH KINGSTOWN RI 02852	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	SCOTT M. PURVIANCE	4725 PIEDMONT ROW DR SUITE 600	CHARLOTTE	NC	USA	28210
VICE PRESIDENT	SCOTT M. PURVIANCE	4725 PIEDMONT ROW DR SUITE 600	CHARLOTTE	NC	USA	28210
SECRETARY	SCOTT M. PURVIANCE	4725 PIEDMONT ROW DR SUITE 600	CHARLOTTE	NC	USA	28210
PRESIDENT	SAMUEL H. FLEET	4725 PIEDMONT ROW DR SUITE 600	CHARLOTTE	NC	USA	28210
DIRECTOR	MICHAEL STEVEN DECARLO	4725 PIEDMONT ROW DR SUITE 600	CHARLOTTE	NC	USA	28210
5. Organized Under the Laws of: RI C 189223	6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann		Date: 10/09/2015 Title: POA			
Processed 10/09/2015		* Electronically provided signatures are accepted as original signatures.				