I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT M. PURVIANCE

Electronic Signature of Signing Authorized Person(s) Detail

CHARLOTTE, NC 28210 US

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 333

The above named entity

SIGNATURE:

SUITE 600

Authorized Perse Title MAN Name PUR Address 4725 aress ROW DRIVE SUITE 600 SUITE 600 CHARLOTTE NC 28210 CHARLOTTE NC 28210 City-State-Zip: City-State-Zip:

Certificate of Status Desired: No

MANAGER

04/04/2018 Date

FILED Apr 04, 2018 Secretary of State CC3557803151

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: AMWINS ACCESS INSURANCE SERVICES, LLC

FEI Number: 13-4279678

DOCUMENT# M1200006899

ONE GRESHAM LANDING STOCKBRIDGE, GA 30281

Current Mailing Address: 4725 PIEDMONT ROW DRIVE

Current Principal Place of Business:

E ISLAND ROAD . 33324 US Intity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.			
erson(s) Detail :			
MANAGER	Title	MANAGER	
PURVIANCE, SCOTT M.	Name	DECARLO, MICHAEL STEVEN	
4725 PIEDMONT ROW DRIVE	Address	4725 PIEDMONT ROW DRIVE	