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

DOCUMENT# M1200006899

Entity Name: AMWINS ACCESS INSURANCE SERVICES, LLC

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

ONE GRESHAM LANDING STOCKBRIDGE, GA 30281

Current Mailing Address:

4725 PIEDMONT ROW DRIVE SUITE 600 CHARLOTTE. NC 28210 US

FEI Number: 13-4279678

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date Electronic Signature of Registered Agent Authorized Person(s) Detail : Title Title MANAGER MANAGER Name DECARLO, MICHAEL STEVEN Name PURVIANCE, SCOTT M. Address 4725 PIEDMONT ROW DRIVE Address 4725 PIEDMONT ROW DRIVE SUITE 600 SUITE 600 CHARLOTTE NC 28210 CHARLOTTE NC 28210 City-State-Zip: City-State-Zip:

Certificate of Status Desired: No

MANAGER

04/15/2015

Date

FILED Apr 15, 2015 Secretary of State CC0416810435