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Division of Corporations Page 1 of 1
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Florida Department of State
Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION

AmWINS Brokerage of New Jersey, Inc.

Certificate of Status	0
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1-13-06

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. AmWINS Brokerage of New Jersey, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 22-3297113
(State or country under the law of which it is incorporated) (PEI number, if applicable)

4. 03/17/1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4064 Colony Rd., Suite 450, Charlotte, NC 28211
(Principal office address)

same
(Current mailing address)

8. wholesale insurance brokerage
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

CT Corporation System

By: Rachel T. Hayes
(Registered agent's signature)

**RACHEL T. HAYES
ASSISTANT SECRETARY**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Scott M. Purviance

Address: 4064 Colony Rd., Suite 450

Charlotte, NC 28211

Director: _____

Address: _____

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B. OFFICERS SEE ATTACHMENT

President: Charles Ciccarelli

Address: 485 Route 1 South, Plaza B, Sm290

Iselin, NJ 08830

Vice President: Scott M. Purviance

Address: 4064 Colony Rd., Suite 450

Charlotte, NC 28211

Secretary: Scott M. Purviance

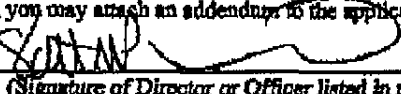
Address: 4064 Colony Rd., Suite 450 Charlotte, NC 28211

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____



(Signature of Director or Officer listed in number 12 of the application)

14. Scott M. Purviance, Vice President

(Typed or printed name and capacity of person signing application)

Attachment

Page 1 of 1

Attachment to Florida
Officers & Directors

1. Full Name: M. Steven DeCarlo
Officer/Director: Officer, Director
Officer's Title: CEO
Business Address: 4064 Colony Rd., Suite 450
City: Charlotte
State: NC
ZIP Code: 28211

2. Full Name: Scott M. Purviance
Officer/Director: Officer, Director
Officer's Title: VP / Sec
Director's Title: Other Director
Business Address: 4064 Colony Rd., Suite 450
City: Charlotte
State: NC
ZIP Code: 28211

3. Full Name: Angela Highea
Officer/Director: Officer
Officer's Title: Assistant Secretary
Business Address: 4064 Colony Rd., Suite 450
City: Charlotte
State: NC
ZIP Code: 28211

4. Full Name: Charles Ciccarelli
Officer/Director: Officer
Officer's Title: President
Business Address: 485 Route 1 South, Plaza E, Ste290
City: Iselin
State: NJ
ZIP Code: 08830

5. Full Name: Bill Dixon
Officer/Director: Officer
Officer's Title: Vice President
Business Address: 150 Morristown Rd, Plaza 202
City: Bernardsville
State: NJ
ZIP Code: 07924

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**STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING**

AMWINS BROKERAGE OF NEW JERSEY, INC.

0100581650

With the Previous or Alternate Name

REA & S BENEFITS GROUP, INC. (Previous Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on March 17, 1994.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

**Craig E Chapin
14 Bridge St Bldg C
Metuchen, NJ 08840**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

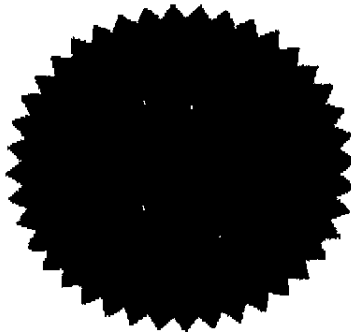
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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

AMWINS BROKERAGE OF NEW JERSEY, INC.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
11th day of January, 2006



John E McCormac, CPA
State Treasurer

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TALLAHASSEE, FLORIDA

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