2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003341

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: AMWINS BROKERAGE OF MICHIGAN, INC

FILED Mar 19, 2009 Secretary of State

Littly Nan	ie. Alvivviino L	BROKERAGE OF WILCHIGAN, I	INC.			
Current Principal Place of Business:				New Principal Place of Business:		
2851 CHARLEVOIX DR. STE 120 GRAND RAPIDS, MI 49546			CENTENNIAL PLAZA BLDG 2851 CHARLEVOIX DR., SUITE 120 GRAND RAPIDS, MI 49546			
Current Mailing Address:				New Mailing Address:		
2851 CHARLEVOIX DR. STE 120 GRAND RAPIDS, MI 49546			4725 PIEDMONT ROW DR. SUITE 600 CHARLOTTE, NC 28211			
FEI Number:	38-1943154	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
The above in the State		ubmits this statement for the pu	ırpose o	f changing it	s registere	ed office or registered agent, or both,
SIGNATUR						
Electronic Signature of Registered Agent				Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	EVP () D MALONEY, PATE 4064 COLONY R CHARLOTTE, NO	OAD, STE 450		Title: Name: Address: City-St-Zip:		(X) Change()Addition RK M MONT ROW DR., SUITE 600 E, NC 28210
Title: Name: Address: City-St-Zip:	VPSD () E PURVIANCE, SC 4064 COLONY R CHARLOTTE, NO	D STE 450		Title: Name: Address: City-St-Zip:	4725 PIEDI	(X) Change()Addition E, SCOTT M MONT ROW DR., SUITE 600 E, NC 28210
Title: Name: Address: City-St-Zip:	CEOD () DECARLO, M. ST 4064 COLONY R CHARLOTTE, NO	D STE 450		Title: Name: Address: City-St-Zip:	4725 PIEDI	(X) Change () Addition MICHAEL STEVEN MONT ROW DR., SUITE 600 E, NC 28210

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

AS

HIGBEA, ANGÉLA

CHARLOTTE, NC 28210

MALONEY, PATRICK J

CHARLOTTE, NC 28210

(X) Change () Addition

() Change (X) Addition

4725 PIEDMONT ROW DR., SUITE 600

4725 PIEDMONT ROW DR., SUITE 600

SIGNATURE: ANNE MEYER POA 03/19/2009

() Delete

() Delete

4064 COLONY RD STE 450

CHARLOTTE, NC 28211

HIGBEA, ANGÉLA