2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# F06000004702

Entity Name: AMWINS BROKERAGE OF NEW YORK, INC.

Current Principal Place of Business:

88 PINE STREET 6TH FLOOR
NEW YORK, NY 10005

New Principal Place of Business:

Current Mailing Address:

88 PINE STREET 6TH FLOOR
NEW YORK, NY 10005

New Mailing Address:

FEI Number: 13-3982281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: EVP ( ) Delete
Name: GIBSON, ROBERT
Address: 88 PINE STREET 6TH FLOOR
City-St-Zip: NEW YORK, NY 10005

Title: DCEO ( ) Delete
Name: DECARLO, MICHAEL STEVEN
Address: 88 PINE STREET 6TH FLOOR
City-St-Zip: NEW YORK, NY 10005

Title: SCFO ( ) Delete
Name: PURVIANCE, SCOTT M
Address: 88 PINE STREET 6TH FLOOR
City-St-Zip: NEW YORK, NY 10005

Title: AS ( ) Delete
Name: HIGBEA, ANGELA
Address: 88 PINE STREET 6TH FLOOR
City-St-Zip: NEW YORK, NY 10005

Title: EVP ( ) Delete
Name: DRINKWATER, JAMES C
Address: 88 PINE STREET 6TH FLOOR
City-St-Zip: NEW YORK, NY 10005

Title: EVP ( ) Delete
Name: ALLEN, LEO BART
Address: 88 PINE STREET 6TH FLOOR
City-St-Zip: NEW YORK, NY 10005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CRYSTAL FICKEN POA 05/02/2008

Electronic Signature of Signing Officer or Director Date