2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# M04000005353

Entity Name: AMWINS BROKERAGE OF THE CAROLINAS, LLC

Current Principal Place of Business:

4064 COLONY ROAD, SUITE 450
CHARLOTTE, NC 28211

New Principal Place of Business:

Current Mailing Address:

4064 COLONY ROAD, SUITE 450
CHARLOTTE, NC 28211

New Mailing Address:

FEI Number: 87-0735616 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: AMERICAN WHOLESALE I, NSURANCE GROUP
Address: 4064 COLONY ROAD, SUITE 450
City-St-Zip: CHARLOTTE, NC 28211

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PURVIANCE, SCOTT M VP
Address: 4064 COLONY ROAD, SUITE 450
City-St-Zip: CHARLOTTE, NC 28211

Title: MGR ( ) Change (X) Addition
Name: DECARLO, MICHAEL S CEO
Address: 4064 COLONY ROAD, SUITE 450
City-St-Zip: CHARLOTTE, NC 28211

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: SCOTT PURVIANCE VP 06/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date