

Filing Fee: \$150.00

ID Number: \_\_\_\_\_



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

**LIMITED LIABILITY COMPANY**

**APPLICATION FOR REGISTRATION**

**FILED**  
AUG 6 2007  
By AmF  
11:28  
11-33482

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

AmWINS Special Risk Underwriters, LLC

2. The name, if different, under which it proposes to register and transact business in Rhode Island is:

\_\_\_\_\_

3. The limited liability company is organized under the laws of North Carolina

4. The date of its organization is May 6, 2004

5. The period of duration of the limited liability company is (if perpetual, so state) PERPETUAL

6. The address of the limited liability company's resident agent in Rhode Island is:

10 Weybosset Street Providence, RI 02903  
(Street Address, not P.O. Box) (City/Town) (Zip Code)

and the name of the resident agent at such address is C T Corporation System  
(Name of Agent)

7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:

225 Hillsborough Street, Raleigh, NC 27603-0000

9. The mailing address for the limited liability company is:

4064 Colony Road, Suite 450, Charlotte, NC 28211

10. Management of the Limited Liability Company:

A. The limited liability company is to be managed  by its members. *(If you have checked this box, go to item no. 11.)*

or

B. The limited liability company is to be managed  by one (1) or more managers. *(If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)*

<u>Manager</u>	<u>Address</u>
Scott Purviance	4064 Colony Road, Suite 450 Charlotte, NC 28211
Steve DeCarlo	4064 Colony Road, Suite 450 Charlotte, NC 28211
Angela Higbea	4064 Colony Road, Suite 450 Charlotte, NC 28211
_____	_____
_____	_____
_____	_____

11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: July 30, 2007

\_\_\_\_\_  
Print Exact Name of Limited Liability Company Making Application

By   
Signature of authorized person



# NORTH CAROLINA Department of The Secretary of State

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## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

### **AMWINS SPECIAL RISK UNDERWRITERS, LLC**

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 6th day of May, 2004, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of August, 2007.

*Elaine F. Marshall*

Secretary of State



# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

*Secretary of State*

