RI SOS Filing Number: 200704156980 Date: 11/13/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
159905	AmWINS Brokerage of Arizona, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
NORTH CAROLINA	Wholesale Insurance Brokerage

5. Principal office address	City	State	Zip
4064 Colony Rd, Suite 450	Charlotte	NC	28211

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON

Contact Name	Contact Title
Amanda McDonald	POA

Street Address	City	State	Zip
120 S. Central Ave, Suite 400	Clayton	MO	63105

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Michael Steven DeCarlo	4064 Colony Rd, Ste. 450	Charlotte	NC	28211
Scott M. Purviance	4064 Colony Rd, Ste 450	Charlotte	NC	28211

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CT CORPORATION SYSTEM		PROVIDENCE	02903-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

2007 NOV 13 A 10:19

[redacted]

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

11/12/07
Signature of Authorized Person *Date*

Amanda C McDonald
Print or Type Name of Authorized Person

[redacted]

FILED
File Date NOV 13 2007
Check No.
By: By 531010 4403
16349-61-203229
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07