



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000069129

**2. Name of Corporation** AmWins Benefit Watch, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 900 NORTHROP ROAD  
SUITE E

City or Town: WALLINGFORD State: CT Zip: 06492 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: RI

**6. Brief Description of the Character of Business Conducted in Rhode Island**

Provide audits for self-funding clients – pharmacy claims and eligibility

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	SCOTT M. PURVIANCE	4725 PIEDMONT ROW DR, SUITE 600 CHARLOTTE, NC 28210 USA
SECRETARY	SCOTT M. PURVIANCE	4725 PIEDMONT ROW DR, SUITE 600 CHARLOTTE, NC 28210 USA
CEO	MICHAEL STEVEN DECARLO	4725 PIEDMONT ROW DR, SUITE 600 CHARLOTTE, NC 28210 USA
VICE PRESIDENT	SCOTT M. PURVIANCE	4725 PIEDMONT ROW DR, SUITE 600

DIRECTOR	SCOTT M. PURVIANCE	CHARLOTTE, NC 28210 USA 4725 PIEDMONT ROW DR, SUITE 600 CHARLOTTE, NC 28210 USA
DIRECTOR	MICHAEL STEVEN DECARLO	4725 PIEDMONT ROW DR, SUITE 600 CHARLOTTE, NC 28210 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	100

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 21 Day of January, 2014 at 2:39:13 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KELLY LETTMANN  
Signature of Authorized Representative of the Corporation

POA  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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