PH MO	State of Phode Ic	sland and Providen	nco Plantatio	ns Fee: \$50.
R.		of the Secretary of		115 ree: 550.
	(¹)	Corporations Division		
		148 W. River Street		
Se Charte	Providene	ce, Rhode Island 02904	4-2615	
cretary of 5t	Tele	ephone: (401) 222-3040	0	
imited Liabilit	y Company			
Innual Report				
iling Period: Septe	mber 1 - November 1			
n accordance with	R.I.G.L. 7-16-66(d), each lim	nited liability company fai	iling or refusing t	0
le its annual repor	within thirty (30) days after t	the time prescribed by la		
'-16-66(b&c)) is su	bject to a penalty fee of \$25.	00.		
ANNUAL REPORT	YEAR: <u>2009</u>			
1. ID No. <u>000</u>	159905			
2. Exact Name o	f the Limited Liability Com	npany <u>AmWINS Broke</u>	erage of Arizona	a, <u>LLC</u>
3. State of Form	ation			
State: <u>NC</u>				
4. Brief Descripti	on of the Character of the I	Business Which is Act	ually Conducte	d in Rhode Island
4. Brief Description	nce	Business Which is Act	ually Conducte	d in Rhode Island
4. Brief Descripti	nce	Business Which is Act	ually Conducte	d in Rhode Island
4. Brief Description	nce		ually Conducte	d in Rhode Island
 Brief Description Wholesale Insurant Frincipal Office 	nce e Address		ually Conducte	d in Rhode Island
4. Brief Description Wholesale Insuration 5. Principal Office No. and Street:	<u>Address</u> <u>4835 E. CACTUS ROA</u>			d in Rhode Island Country: <u>USA</u>
 Brief Description Wholesale Insuran Frincipal Office No. and Street: City or Town: 	<u>nce</u> Address <u>4835 E. CACTUS ROA</u> <u>SUITE 425</u>	<u>AD</u> State: <u>AZ</u>	Zip: <u>85254</u>	Country: <u>USA</u>
 Brief Description Wholesale Insurant Principal Office No. and Street: City or Town: Mailing Address 	Address <u>4835 E. CACTUS ROA</u> <u>SUITE 425</u> <u>SCOTTSDALE</u> S of Limited Liability Com ontact Title:	A <u>D</u> State: <u>AZ</u> State or Titl	Zip: <u>85254</u>	Country: <u>USA</u>
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 4. Brief Description Wholesale Insurant 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: Contact Name	Address 4835 E. CACTUS ROA SUITE 425 SCOTTSDALE s of Limited Liability Com ontact Title: 4835 E. CACTUS ROA SUITE 425 SCOTTSDALE ress of Each Manager of t	AD State: <u>AZ</u> AD State: <u>AZ</u>	Zip: <u>85254</u> le of Contact Pe Zip: <u>85254</u>	Country: <u>USA</u> erson: Country: <u>USA</u>
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 155 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903

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

Signed this 22 Day of September, 2009 at 2:46:20 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ANNE MEYER

Signature of Authorized Person

Form No. 632 Revised 09/07

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