



UCC FINANCING STATEMENT
 FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Milbank LLP 212-530-5000	
B. E-MAIL CONTACT AT SUBMITTER (optional) Leveragefinanceuccfilings@milbank.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; width: fit-content;"> Christine Guthrie Milbank LLP 55 Hudson Yards New York, NY 10001-2163 </div> <p style="text-align: center; margin-top: 5px;">SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</p>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (Use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 1c of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME AmWINS Benefit Watch, Inc.				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 4725 Piedmont Row Drive, Suite 600		CITY Charlotte	STATE NC	POSTAL CODE 28210
COUNTRY USA				

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (Use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name). If any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 1c of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
COUNTRY				

3. SECURED PARTY'S NAME (or NAME of ASSIGNOR or ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME U.S. Bank Trust Company, National Association, as Collateral Agent				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 214 North Tryon Street, 27th Floor		CITY Charlotte	STATE NC	POSTAL CODE 28202
COUNTRY USA				

4. COLLATERAL: This financing statement covers the following collateral:
All assets.

5. Check <u>only</u> if applicable and check <u>only</u> one box: Co-stated is <input type="checkbox"/> Part of a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> Being administered by a Decedent's Personal Representative <input type="checkbox"/>	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public Finance Transaction <input type="checkbox"/> Manufactured Home Transaction <input type="checkbox"/> A Debtor is a Transferring Utility <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignor/Consignee <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailor/Borrower <input type="checkbox"/> Licensee/Licensee	
7. ALTERNATIVE DESIGNATION (if applicable)	
8. OPTIONAL FILER REFERENCE DATA: Filed with: RI - Secretary of State 30045.00369 F#983463 A#1344400	