

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 09, 2016
Secretary of State
CC8122645710

Entity Name: BROWN & BROWN PROGRAM INSURANCE SERVICES, INC.

Current Principal Place of Business:

681 S PARKER STREET
SUITE 300
ORANGE, CA 92868

Current Mailing Address:

681 S PARKER STREET
SUITE 300
ORANGE, CA 92868 US

FEI Number: 94-3163572

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	DUCILLE, RACHEL
Address	655 N. FRANKLIN STREET SUITE 1900
City-State-Zip:	TAMPA FL 33602
Title	EXECUTIVE VICE PRESIDENT
Name	JOHNSON, LYNN
Address	681 S. PARKER STREET SUITE 200
City-State-Zip:	ORANGE CA 92868
Title	VP, SECRETARY
Name	LLOYD, ROBERT W.
Address	220 S. RIDGEWOOD AVENUE
City-State-Zip:	DAYTONA BEACH FL 32114
Title	CHAIRMAN OF THE BOARD, DIRECTOR
Name	WALKER, CHRIS L.
Address	701 B STREET SUITE 2100
City-State-Zip:	SAN DIEGO CA 92101

Title	EXECUTIVE VICE PRESIDENT
Name	JASINSKI, JOHN P.
Address	681 S. PARKER STREET SUITE 300
City-State-Zip:	ORANGE CA 92868
Title	VP
Name	LANNI, JAMES
Address	220 S. RIDGEWOOD AVENUE
City-State-Zip:	DAYTONA BEACH FL 32114
Title	VP, ASSISTANT SECRETARY
Name	ROBINSON, ANTHONY
Address	220 S. RIDGEWOOD AVE.
City-State-Zip:	DAYTONA BEACH FL 32114
Title	VP
Name	WATTS, ANDY
Address	220 S. RIDGEWOOD AVE.
City-State-Zip:	DAYTONA BEACH FL 32114

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANTHONY ROBINSON

**VICE PRESIDENT,
ASSISTANT SECRETARY**

04/09/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name WITTWER, ANTHONY L.
Address 142 NORTH MAIN STREET
 P.O. BOX 309
City-State-Zip: ROANOKE IN 46783