

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000004848

**FILED**  
**Apr 25, 2014**  
**Secretary of State**  
**CC2432787522**

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

**Current Principal Place of Business:**

681 S PARKER ST, STE 300  
ORANGE, CA 92868

**Current Mailing Address:**

681 S PARKER ST, STE 300  
ORANGE, CA 92868

**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 DP  
Name MASTERS, KENNETH R  
Address 681 S PARKER ST, SUITE 300  
City-State-Zip: ORANGE CA 92868

Title V  
Name JASINSKI, JOHN P  
Address 681 S PARKER STREET, SUITE 300  
City-State-Zip: ORANGE CA 92868

Title VS  
Name GRAMMIG, LAUREL L  
Address 655 N. FRANKLIN ST., STE. 1900  
City-State-Zip: TAMPA FL 33602

Title V  
Name WATTS, ANDY  
Address 220 S RIDGEWOOD AVENUE  
City-State-Zip: DAYTONA BEACH FL 32114

Title T  
Name PORTO, RACHEL  
Address 655 N. FRANKLIN STREET  
SUITE 1900  
City-State-Zip: TAMPA FL 33602

Title PRESIDENT  
Name BERNER, JOHN  
Address 681 S. PARKER STREET  
SUITE 300  
City-State-Zip: ORANGE CA 92868

Title EVP  
Name JOHNSON, LYNN  
Address 681 S. PARKER STREET  
SUITE 300  
City-State-Zip: ORANGE CA 92868

*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:** LAUREL L. GRAMMIG

**VP, SECRETARY**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date