

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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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