

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000003060

**Entity Name:** BROWN & BROWN OF NEW MEXICO, INC.

**Current Principal Place of Business:**

627 PASEO DEL PUEBLO SUR  
TAOS, NM 87571

**FILED**  
**Mar 23, 2019**  
**Secretary of State**  
**7320241179CC**

**Current Mailing Address:**

220 S. RIDGEWOOD AVE.  
DAYTONA BEACH, FL 32114 US

**FEI Number: 86-0921742**

**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           DIRECTOR/ PRESIDENT  
Name           ESPOSITO, JOHN M.  
Address        2800 N CENTRAL AVENUE  
                  SUITE 1600  
City-State-Zip: PHOENIX AZ 85004

Title           EXECUTIVE VICE PRESIDENT  
Name           PAYNE, JONATHAN CONNOR  
Address        8100 LANG NE  
                  STE. 101  
City-State-Zip: ALBUQUERQUE NM 87109

Title           VP  
Name           JONES, SCOTT G.  
Address        8100 LANG NE, SUITE 101  
City-State-Zip: ALBUQUERQUE NM 87109

Title           VP  
Name           LANNI, JAMES  
Address        220 S. RIDGEWOOD AVENUE  
City-State-Zip: DAYTONA BEACH FL 32114

Title           VP  
Name           WATTS, ANDREW R.  
Address        220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title           VICE PRESIDENT/SECRETARY  
Name           LLOYD, ROBERT W.  
Address        220 S. RIDGEWOOD AVENUE  
City-State-Zip: DAYTONA BEACH FL 32114

Title           VP  
Name           ROBINSON, ANTHONY M.  
Address        220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title           ASSISTANT SECRETARY  
Name           ROBINSON, ANTHONY M.  
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 M. ROBINSON**

**ASSISTANT SECRETARY**

**03/23/2019**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           SANDERS, MICHELE  
Address        2800 N. CENTRAL AVENUE  
                  SUITE 1600  
City-State-Zip: PHOENIX AZ 85004