

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004811

FILED
Apr 15, 2013
Secretary of State
CC2247924221

Entity Name: BROWN & BROWN INSURANCE SERVICES OF CALIFORNIA, INC.

Current Principal Place of Business:

504 REDWOOD BLVD, SUITE 330
NOVATO, CA 94947

Current Mailing Address:

504 REDWOOD BLVD, SUITE 330
NOVATO, CA 94947

FEI Number: 94-3342351

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 DC
Name BRIDGES, C. ROY
Address 655 N. FRANKLIN ST., STE. 1900
City-State-Zip: TAMPA FL 33602

Title EVP
Name CROWLEY, BRIAN
Address 504 REDWOOD BLVD, SUITE 330
City-State-Zip: NOVATO CA 94947

Title VP
Name WALKER, CORY T
Address 220 S RIDGEWOOD AVE
City-State-Zip: DAYTONA BEACH FL 32114

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

Title EVP
Name CASEY, TIMOTHY E
Address 2401 E. KATELLA AVENUE, STE. 550
City-State-Zip: ANAHEIM CA 92806

Title T
Name SANDERS, MICHELE
Address 2800 N CENTRAL AVE SUITE 1600
City-State-Zip: PHOENIX AZ 85004

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 GRAMMING

SECRETARY

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date