

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004811

**FILED**  
**Apr 24, 2022**  
**Secretary of State**  
**8306986082CC**

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

**Current Principal Place of Business:**

3697 MT. DIABLO BOULEVARD  
SUITE 100  
LAFAYETTE, CA 94549

**Current Mailing Address:**

300 NORTH BEACH STREET  
DAYTONA BEACH, FL 32114 US

**FEI Number: 94-3342351**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 NORTH CENTRAL AVENUE  
                  SUITE 1600  
City-State-Zip: PHOENIX AZ 85004

Title           VICE PRESIDENT  
Name           WATTS, RICHARD ANDREW  
Address        300 NORTH BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title           VICE PRESIDENT, SECRETARY  
Name           LLOYD, ROBERT W.  
Address        300 NORTH BEACH STREET  
City-State-Zip: DAYTONA BEACH FL 32114

Title           TREASURER  
Name           SANDERS, MICHELE  
Address        3697 MT. DIABLO BOULEVARD  
                  SUITE 100  
City-State-Zip: LAFAYETTE CA 94549

*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: ROBERT W. LLOYD**

**SECRETARY**

**04/24/2022**

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

\_\_\_\_\_  
Date