2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001229

Entity Name: BROWN & BROWN OF LOUISIANA, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
	BOULEVARD E, LA 70508					
Current Mailing Address:			New Mailir	New Mailing Address:		
102 ASMA BOULEVARD LAFAYETTE, LA 70508						
FEI Number: 72-0744155 FEI Number Applied For () FEI N		FEI Number Not Appli	cable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:						
	Electroni	ic Signature of Registered Agent		Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	BRIDGES, C. RO	R. BOULEVARD, SUITE 400	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	GRAMMIG, LAU	R. BOULEVARD, SUITE 400	Title: Name: Address: City-St-Zip:	V,S (X) Change () Addition GRAMMIG, LAUREL L 3101 W. MLK, JR. BOULEVARD, SUITE 400 TAMPA, FL 33607		
Title: Name: Address: City-St-Zip:	DONEGAN, JR.,	R. BOULEVARD, SUITE 400	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T () RACE, CHRIS 3101 W. MLK, J TAMPA, FL 336	R. BOULEVARD, SUITE 400	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	HUVAL, TOMMY	LEVARD, SUITE 300	Title: Name: Address: City-St-Zip:	V (X) Change () Addition HUVAL, TOMMY 102 ASMA BOULEVARD LAFAYETTE, LA 70508		
Title: Name: Address: City-St-Zip:	WALKER, CORY	GEWOOD AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAUREL L. GRAMMIG S 04/24/2008