2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006451

Entity Name: BROWN & BROWN OF CONNECTICUT, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1 LIBERTY SQUARE 3RD FLOOR NEW BRITAIN, CT 06051							
Current Mailing Address:				New Mailing Address:			
1 LIBERTY SQUARE 3RD FLOOR NEW BRITAIN, CT 06051							
FEI Number:	59-3316633	FEI Number Applied For ()	FEI Numb	lumber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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		
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PENNY, J. SCO	TREET, SUITE 150	1	Title: Name: Address: City-St-Zip:	D,P (X PENNY, J. SCO 220 S. RIDGEN DAYTONA BEA	WOOD AVENU	JE
Title: Name: Address: City-St-Zip:	GRAMMIG, LAU	JR. BOULEVARD, SUITE 400	1	Title: Name: Address: City-St-Zip:	()Change ()/	Addition
Title: Name: Address: City-St-Zip:	DONEGAN, JR.,	IR. BOULEVARD, SUITE 400	1	Title: Name: Address: City-St-Zip:	() Change()/	Addition
Title: Name: Address: City-St-Zip:	PATTERSON, J	TREET, SUITE 150	1	Title: Name: Address: City-St-Zip:	T (X PATTERSON, 2300 CABOT E LISLE, IL 605	DRIVE STE 100	
Title: Name: Address: City-St-Zip:	MCGOWAN, DC	JARE, 3RD FLOOR	1	Title: Name: Address: City-St-Zip:	()Change ()/	Addition
Title: Name: Address: City-St-Zip:	WALKER, COR	GEWOOD AVENUE	1	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