2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006685

Entity Name: BROWN & BROWN INSURANCE OF NEVADA, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
2340 CORPORATE CIRCLE 2ND FLOOR HENDERSON, NV 890747732				975 KELLY JOHNSON DRIVE SUITE 100 LAS VEGAS, NV 89119			
Current Mailing Address:				New Mailing Address:			
2340 CORPORATE CIRCLE 2ND FLOOR HENDERSON, NV 890747732				975 KELLY JOHNSON DRIVE SUITE 100 LAS VEGAS, NV 89119			
FEI Number:	88-0480358	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of	Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:				
1201 HAYS TALLAHAS	SSTREET SSEE, FL 3230	CE COMPANY 012525 US submits this statement for the pu	irnoso o	f changing i	ts registered o	office or registe	ored agent or both
in the State		submits this statement for the pt	ii pose o	r changing i	is registered t	nince or regist	ered agent, or both,
SIGNATUR							
Electronic Signature of Registered Agent						Date	
Election Can	npaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	KIRK, KENNETI	ENTRAL AVENUE, SUITE 1600		Title: Name: Address: City-St-Zip:	() Change ()Add	dition
Title: Name: Address: City-St-Zip:	WALTON, KEN	Delete ATE CIRCLE 2ND FLOOR NV 890747732		Title: Name: Address: City-St-Zip:	WALTON, KEN	HNSON DRIVE S	
Title: Name: Address: City-St-Zip:	SANDERS, MIC	ENTRAL AVENUE, SUITE 1600		Title: Name: Address: City-St-Zip:	() Change ()Ado	dition
Title: Name: Address: City-St-Zip:	GRAMMIG, LAU	JR. BOULEVARD, SUITE 400		Title: Name: Address: City-St-Zip:	() Change ()Ado	dition
Title: Name: Address: City-St-Zip:	DONEGAN, TH	JR. BOULEVARD, SUITE 400		Title: Name: Address: City-St-Zip:	() Change()Add	dition
Title: Name: Address: City-St-Zip:	PASCHKE, MIC	ENTRAL AVENUE, SUITE 1600		Title: Name: Address: City-St-Zip:	() Change ()Add	dition

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