

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000060917

Entity Name: B-R INSURANCE BROKERS, INC.

FILED
Mar 20, 2007
Secretary of State

Current Principal Place of Business:

100 BROADWAY 4TH FLOOR
NEW YORK, NY 10005

New Principal Place of Business:

Current Mailing Address:

555 PLEASANTVILLE RD.
#160S
BRIARCLIFF MANOR, NY 10510

New Mailing Address:

FEI Number: 13-3899487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: KAPLAN, ARNOL B
Address: 100 BROADWAY
City-St-Zip: NEW YORK, NY 10005

Title: PRES (X) Delete
Name: KREITZBERG, DOUGLAS W
Address: 1 INTERNATIONAL PLAZA, STE 400
City-St-Zip: PHILADELPHIA, PA 19013

Title: DS () Delete
Name: NEWBORN II, ERNEST J
Address: 555 PLEASANTVILLE RD.
City-St-Zip: BRIARCLIFF MANOR, NY 10510

Title: AS () Delete
Name: OBERST, NAMEE
Address: 555 PLEASANTVILLE RD.
City-St-Zip: BRIARCLIFF MANOR, NY 10510

Title: T (X) Delete
Name: SCHNEIDER, ROBERT
Address: 555 PLEASANTVILLE RD.
City-St-Zip: BRIARCLIFF MANOR, NY 10510

Title: AT (X) Delete
Name: HESS, DAVID
Address: 555 PLEASANTVILLE RD.
City-St-Zip: BRIARCLIFF MANOR, NY 10510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KAPLAN, ARNOL B
Address: 100 BROADWAY
City-St-Zip: NEW YORK, NY 10005

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HESS, DAVE
Address: 555 PLEASANTVILLE RD.
City-St-Zip: BRIARCLIFF MANOR, NY 10510

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ERNEST J. NEWBORN, II

S

03/20/2007

Electronic Signature of Signing Officer or Director

_____ Date