2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2021
Secretary of State
4284402169CC

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Entity Name: ARROWHEAD INSURANCE RISK MANAGERS, LLC

Current Principal Place of Business:

925 NORTHPOINT PARKWAY
#440
ALPHARETTA, GA 30005

Current Mailing Address:

300 NORTH BEACH STREET
DAYTONA BEACH, FL 32114 US

FEI Number: 46-1956463

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

Authorized Person(s) Detail :

Title	MANAGER
Name	WALKER, CHRIS L.
Address	925 NORTHPOINT PARKWAY #440
City-State-Zip:	ALPHARETTA GA 30005

Title	MEMBER
Name	BROWN & BROWN, INC.
Address	300 NORTH BEACH STREET
City-State-Zip:	DAYTONA BEACH FL 32114

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

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD ANDREW WATTS AUTHORIZED PERSON 04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date