

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001022

Entity Name: HEFFERNAN INSURANCE BROKERS, INC.**Current Principal Place of Business:**1350 CARLBACK AVENUE, SUITE 200
WALNUT CREEK, CA 94596**Current Mailing Address:**1350 CARLBACK AVENUE, SUITE 200
WALNUT CREEK, CA 94596**FEI Number:** 94-2506099**Certificate of Status Desired:** No**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	HEFFERNAN, FRANCIS MIII
Address	1350 CARLBACK AVENUE, SUITE 200
City-State-Zip:	WALNUT CREEK CA 94596

Title	T
Name	SEBASTIANI, DANIELE
Address	1350 CARLBACK AVENUE, SUITE 200
City-State-Zip:	WALNUT CREEK CA 94596

Title	D
Name	WILLIAMS, STEVE
Address	1350 CARLBACK AVENUE, SUITE 200
City-State-Zip:	WALNUT CREEK CA 94596

Title	S
Name	RADOSEVICH, STEPHANIE
Address	1350 CARLBACK AVENUE, SUITE 200
City-State-Zip:	WALNUT CREEK CA 94596

Title	D
Name	TALLARIDA, JOHN
Address	1350 CARLBACK AVENUE, SUITE 200
City-State-Zip:	WALNUT CREEK CA 94596

Title	D
Name	GOODE, BARBARA A
Address	300 MONTGOMERY STREET, SUITE 500
City-State-Zip:	SAN FRANCISCO CA 94104

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 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 all other like empowered.

SIGNATURE: DANIELE SEBASTIANI**TREASURER****04/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date