

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000001015

**Entity Name:** BROWN & BROWN OF KENTUCKY, INC.

**Current Principal Place of Business:**

13101 MAGISTERIAL DR.  
SUITE 200  
LOUISVILLE, KY 40223

**FILED**  
**Apr 15, 2017**  
**Secretary of State**  
**CC2348613595**

**Current Mailing Address:**

13101 MAGISTERIAL DR.  
SUITE 200  
LOUISVILLE, KY 40223 US

**FEI Number:** 20-0322095

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR  
Name HUVAL, TOMMY K.  
Address 102 ASMA BOULEVARD, SUITE 300  
City-State-Zip: LAFAYETTE LA 70508

Title EXECUTIVE VICE PRESIDENT  
Name ALANKO, BERT  
Address 8383 E. EVANS ROAD.  
City-State-Zip: SCOTTSDALE AZ 85260

Title TREASURER  
Name EUBANK, JOEL  
Address 220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title VICE PRESIDENT & ASSISTANT SECRETARY  
Name ROBINSON, ANTHONY  
Address 220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title VICE PRESIDENT & SECRETARY  
Name LLOYD, ROBERT W.  
Address 220 S. RIDGEWOOD AVENUE  
City-State-Zip: DAYTONA BEACH FL 32114

Title VP  
Name LANNI, JAMES  
Address 220 S. RIDGEWOOD AVENUE  
City-State-Zip: DAYTONA BEACH FL 32114

Title VP  
Name WATTS, ANDY  
Address 220 S. RIDGEWOOD AVE.  
City-State-Zip: DAYTONA BEACH FL 32114

Title PRESIDENT  
Name HUVAL, TOMMY K.  
Address 102 ASMA BOULEVARD, SUITE 300  
City-State-Zip: LAFAYETTE LA 70508

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*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:** ANTHONY ROBINSON

**VICE PRESIDENT &  
ASSISTANT SECRETARY**

**04/15/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title EXECUTIVE VICE PRESIDENT

Name NEAL, MICHAEL T.

Address 132 PUBLIC SQUARE  
PO BOX 9

City-State-Zip: COLUMBIA KY 42728