No. C 172674		and the same and t		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. BROWN & BROWN INSURANCE OF NEVADA, INC. C/O LEGAL DEPT BROWN & BROWN 975 KELLY JOHNSON DR		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*			
4. Corporations: Enter Nam	nes and Busine	ess Addresses of Presider	nt, Secretary, and Directors. Treasurer (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
TREASURER MICHELE SAN		NDERS	2800 N CENTRAL AVENUE SUITE 1600	PHOENIX	ΑZ	USA	85004
DIRECTOR C ROY BRIDG		GES	655 N FRANKLIN ST SUITE 1900	TAMPA	FL	USA	33602
PRESIDENT C ROY BRIDG		GES	655 N FRANKLIN ST SUITE 1900	TAMPA	FL	USA	33602
SECRETARY	SECRETARY LAUREL L GRAMMIG		655 N FRANKLIN ST SUITE 1900	TAMPA	FL	USA	33602
5. Organized Under the Laws of: 6. Annual R		6. Annual Report must b	al Report must be signed.*				
NV		Signature: Laurel L G	Date: 03/08/2013				
C 172674		Name (type or print):	Title: Secretary				
Processed 03/08/2013	3/08/2013 * Electronically provided signatures are accepted as original signatures.						