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| <b>SCC eFile</b> | <b>2012 ANNUAL REPORT<br/>COMMONWEALTH OF VIRGINIA<br/>STATE CORPORATION COMMISSION</b> | 212542122 |
|------------------|-----------------------------------------------------------------------------------------|-----------|

|                                                                                                                                                           |                                                                                                                                                                                                                                 |       |            |        |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------|--------|-----|
| 1.) CORPORATION NAME:<br><b>Brown &amp; Brown Lone Star Insurance Services, Inc.</b>                                                                      | DUE DATE: <b>10/31/2012</b>                                                                                                                                                                                                     |       |            |        |     |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>C T CORPORATION SYSTEM<br/>         4701 COX RD STE 301<br/>         GLEN ALLEN, VA 23060-6802</b> | SCC ID NO: <b>F1564865</b>                                                                                                                                                                                                      |       |            |        |     |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>                                                                                      | 5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 100 |
| CLASS                                                                                                                                                     | AUTHORIZED                                                                                                                                                                                                                      |       |            |        |     |
| COMMON                                                                                                                                                    | 100                                                                                                                                                                                                                             |       |            |        |     |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>TX</b>                                                                                                       |                                                                                                                                                                                                                                 |       |            |        |     |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3201 CHERRY RIDGE DR  
SUITE D405

CITY/ST/ZIP: SAN ANTONIO, TX 78230

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|                                                                                                                  |                                     |         |                                     |          |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------|-------------------------------------|----------|
| NAME: C ROY BRIDGES<br>TITLE: PRES/DIR<br>ADDRESS: 655 N FRANKLIN ST STE 1900<br>CITY/ST/ZIP/CO: TAMPA, FL 33602 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------|-------------------------------------|----------|

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|-------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------|--------------------------|----------|
| NAME: LAUREL L GRAMMIG<br>TITLE: VP/SEC<br>ADDRESS: 655 N FRANKLIN ST STE 1900<br>CITY/ST/ZIP/CO: TAMPA, FL 33602 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------|--------------------------|----------|

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| NAME: CORY T WALKER<br>TITLE: VICE PRESIDENT<br>ADDRESS: 220 S RIDGEWOOD AVE<br>CITY/ST/ZIP/CO: DAYTONA BEACH, FL 32114 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------|--------------------------|----------|

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| NAME: MICHELE SANDERS<br>TITLE: TREASURER<br>ADDRESS: 2800 N CENTRAL AVE<br>SUITE 1600<br>CITY/ST/ZIP/CO: PHOENIX, AZ 85004 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------|--------------------------|----------|

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

|                                                     |                                  |            |
|-----------------------------------------------------|----------------------------------|------------|
| /s/ LAUREL L GRAMMIG                                | LAUREL L GRAMMIG, VP/SEC         | 10/31/2012 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE       |

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.