

1.) CORPORATION NAME:

DUE DATE: **11/30/2013**

Brown & Brown Insurance Agency of Virginia, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **05486139**

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8570 MAGELLAN PKWY STE 1100

CITY/ST/ZIP: RICHMOND, VA 23227

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.

<p>NAME: CHARLES H LYDECKER TITLE: PRESIDENT ADDRESS: 220 S RIDGEWOOD AVENUE CITY/ST/ZIP/CO: DAYTONA BEACH, FL 32114</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: LAUREL L GRAMMIG TITLE: VP/SEC ADDRESS: 655 N FRANKLIN ST STE 1900 CITY/ST/ZIP/CO: TAMPA, FL 33602</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: CORY T WALKER TITLE: VICE PRESIDENT ADDRESS: 220 S RIDGEWOOD AVE CITY/ST/ZIP/CO: DAYTONA BEACH, FL 32114</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS G TINSLEY TITLE: TREASURER ADDRESS: 220 S RIDGEWOOD AVENUE CITY/ST/ZIP/CO: DAYTONA BEACH, FL 32114</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD FREEBOURN, JR TITLE: EVP ADDRESS: 500 E MAIN ST, STE 600 CITY/ST/ZIP/CO: NORFOLK, VA 23510</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: EDDIE F GAY TITLE: EVP ADDRESS: 500 E MAIN ST., STE. 600 CITY/ST/ZIP/CO: NORFOLK, VA 23510</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: WILLIAM STRACHAN TITLE: EVP ADDRESS: 11220 ASSETT LOOP, STE. 304 CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: PEGGY STONEMAN TITLE: VICE PRESIDENT ADDRESS: 8570 MAGELLAN PKWAY, STE. 1100 CITY/ST/ZIP/CO: MANASSAS, VA 20110	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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	10/10/2013
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.