

1.) CORPORATION NAME:

**Brown & Brown Insurance of Georgia, Inc.**

DUE DATE: **5/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1511866**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**GA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3483 SATELLITE BLVD  
STE 100

CITY/ST/ZIP: DULUTH, GA 30096

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLES H LYDECKER	
TITLE:	PRESIDENT	
ADDRESS:	220 S. RIDGEWOOD AVE.	
CITY/ST/ZIP/CO:	DAYTONA BEACH, FL 32114	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	RHETT BUTLER	
TITLE:	EXEC. VP	
ADDRESS:	901 N. BROAD ST. SUITE 200	
CITY/ST/ZIP/CO:	ROME, GA 30161	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SALLY LEWIS-BUTLER	
TITLE:	EXEC VP	
ADDRESS:	1234 POWERS FERRY RD SE SUITE 102	
CITY/ST/ZIP/CO:	MARIETTA, GA 30067	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT W LLOYD	
TITLE:	VICE PRESIDENT	
ADDRESS:	220 S RIDGEWOOD AVENUE	
CITY/ST/ZIP/CO:	DAYTONA BEACH, FL 32114	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANTHONY ROBINSTON	
TITLE:	VP/ASST SEC	
ADDRESS:	220 S RIDGEWOOD AVE	
CITY/ST/ZIP/CO:	DAYTONA BEACH, FL 32114	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANDY WATTS	
TITLE:	VICE PRESIDENT	
ADDRESS:	220 SOUTH RIDGEWOOD AVE	
CITY/ST/ZIP/CO:	DAYTONA BEACH, FL 32114	

NAME: MICHELE SANDERS TITLE: TREASURER ADDRESS: 2800 N CENTRAL AVE, STE 1600 CITY/ST/ZIP/CO: PHOENIX, AZ 85004	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CLAYTON COLLINS, JR TITLE: SR EVP ADDRESS: 3483 SATELLITE BLVD CITY/ST/ZIP/CO: SUITE 100 DULUTH, GA 30096	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: LINDA A SLAFTA TITLE: SVP ADDRESS: 3483 SATELLITE BLVD, STE 100 CITY/ST/ZIP/CO: DULUTH, GA 30096	<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/ ANTHONY ROBINSTON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ANTHONY ROBINSTON, VP/ASST SEC PRINTED NAME AND CORPORATE TITLE	5/27/2016 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.		