

1.) CORPORATION NAME:

BROOKS INSURANCE AGENCY, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI REGISTERED AGENT SOLUTIONS INC**
7288 HANOVER GREEN DR
MECHANICSVILLE, VA 23111

DUE DATE: **4/30/2012**

SCC ID NO: **F1857343**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	250,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1120 MADISON AVE

CITY/ST/ZIP: TOLEDO, OH 43604-

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: DENNIS G. JOHNSON
TITLE: PRESIDENT
ADDRESS: 1120 MADISON AVE.
CITY/ST/ZIP/CO: TOLEDO, OH 43604-

OFFICER

DIRECTOR

NAME: KATHY MIKOLAJCZAK
TITLE: VP/CFO
ADDRESS: 1120 MADISON AVE.
CITY/ST/ZIP/CO: TOLDO, OH 43604-

OFFICER

DIRECTOR

NAME: PAUL E. JOHNSON
TITLE: VICE PRESIDENT
ADDRESS: 1120 MADISON AVE.
CITY/ST/ZIP/CO: TOLEDO, OH 43604-

OFFICER

DIRECTOR

NAME: SANDRA HECKLINGER
TITLE: SECRETARY
ADDRESS: 1120 MADISON AVE.
CITY/ST/ZIP/CO: TOLEDO, OH 43604-

OFFICER

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/ KATHY MIKOLAJCZAK

KATHY MIKOLAJCZAK, VP/CFO

2/8/2012

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.