

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213519518

1.) CORPORATION NAME:

BROOKS INSURANCE AGENCY, Inc.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**REGISTERED AGENT SOLUTIONS INC
7288 HANOVER GREEN DR
MECHANICSVILLE, VA**

SCC ID NO: **F1857343**

5.) STOCK INFORMATION

CLASS AUTHORIZED

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.

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DENNIS G. JOHNSON				
TITLE:	PRESIDENT				
ADDRESS:	1120 MADISON AVE.				
CITY/ST/ZIP/CO:	TOLEDO, OH 43604				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	KATHY MIKOLAJCZAK				
TITLE:	VICE PRESIDENT				
ADDRESS:	1120 MADISON AVE.				
CITY/ST/ZIP/CO:	TOLDO, OH 43604				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	SANDRA HECKLINGER				
TITLE:	SECRETARY				
ADDRESS:	1120 MADISON AVE.				
CITY/ST/ZIP/CO:	TOLEDO, OH 43604				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	PAUL E. JOHNSON				
TITLE:	TREASURER				
ADDRESS:	1120 MADISON AVE.				
CITY/ST/ZIP/CO:	TOLEDO, OH 43604				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	WILLIAM JOHNSON				
TITLE:	DIRECTOR				
ADDRESS:	1120 MADISON AVE.				
CITY/ST/ZIP/CO:	TOLEDO, OH 43604				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	SHEILA JOHNSON				
TITLE:	DIRECTOR				
ADDRESS:	1120 MADISON AVE.				
CITY/ST/ZIP/CO:	TOLEDO, OH 43604				

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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHY MIKOLAJCZAK, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/25/2013 DATE
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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.