

1.) CORPORATION NAME:

BROOKS INSURANCE AGENCY, Inc.

DUE DATE: **4/30/2014**

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
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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1120 MADISON AVE.		
CITY/ST/ZIP/CO:	TOLEDO, OH 43604		
NAME:	KATHY MIKOLAJCZAK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1120 MADISON AVE.		
CITY/ST/ZIP/CO:	TOLDO, OH 43604		
NAME:	PAUL E. JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1120 MADISON AVE.		
CITY/ST/ZIP/CO:	TOLEDO, OH 43604		
NAME:	SANDRA HECKLINGER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1120 MADISON AVE.		
CITY/ST/ZIP/CO:	TOLEDO, OH 43604		
NAME:	WILLIAM JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1120 MADISON AVE.		
CITY/ST/ZIP/CO:	TOLEDO, OH 43604		
NAME:	SHEILA JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1120 MADISON AVE.		
CITY/ST/ZIP/CO:	TOLEDO, OH 43604		

NAME: MARTY CONNORS TITLE: VICE PRESIDENT ADDRESS: 1120 MADISON AVE. CITY/ST/ZIP/CO: Toledo, OH 43604	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: BEN BROWN TITLE: VICE PRESIDENT ADDRESS: 1120 MADISON AVE. CITY/ST/ZIP/CO: TOLEDO, OH 43604	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: KEVIN BRENNAN TITLE: Sr. VP ADDRESS: 1120 MADISON AVE. CITY/ST/ZIP/CO: TOLEDO, OH 43604	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JIM STENGLE TITLE: Sr. VP ADDRESS: 1120 MADISON AVE. CITY/ST/ZIP/CO: TOLEDO, OH 43604	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JIM LORTIE TITLE: VICE PRESIDENT ADDRESS: 1120 MADISON AVE. CITY/ST/ZIP/CO: TOLEDO, OH 43604	<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/ KATHY MIKOLAJCZAK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHY MIKOLAJCZAK, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE
3/31/2014 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.	