

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215513545

1.) CORPORATION NAME:

BROOKS INSURANCE AGENCY, Inc.

DUE DATE: **4/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1857343**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	250,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

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:	KEVIN BRENNAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	1120 MADISON AVE.		
CITY/ST/ZIP/CO:	TOLEDO, OH 43604		

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

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

NAME:	JIM LORTIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE 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: 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: PAUL E. JOHNSON TITLE: TREASURER ADDRESS: 1120 MADISON AVE. CITY/ST/ZIP/CO: TOLEDO, 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: 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	<input type="checkbox"/> OFFICER	<input checked="" 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/ DENNIS G. JOHNSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DENNIS G. JOHNSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/9/2015 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.		