2016 FOREIGN PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000002302

Entity Name: BROOKS INSURANCE AGENCY, INC.

Current Principal Place of Business:

1120 MADISON AVENUE TOLEDO. OH 43604

Current Mailing Address:

1120 MADISON AVENUE TOLEDO, OH 43604

FEI Number: 34-4194540 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KATHERINE MIKOLAJCZAK 10/04/2016

Electronic Signature of Registered Agent

Date

FILED Oct 04, 2016

Secretary of State

CR4504311214

Officer/Director Detail:

Title CP Title D

Name JOHNSON, DENNIS Name JOHNSON, SHEILA

Address 1120 MADISON AVENUE Address 1120 MADISON AVENUE

City-State-Zip: TOLEDO OH 43604 City-State-Zip: TOLEDO OH 43604

Title VP Title VPT

Name MIKOLAJCZAK, KATHERINE Name JOHNSON, PAUL

Address 1120 MADISON AVENUE Address 1120 MADISON AVENUE

City-State-Zip: TOLEDO OH 43604 City-State-Zip: TOLEDO OH 43604

Title D Title VP

Name JOHNSON, WILLIAM Name BROWN, BEN

Address 1120 MADISON AVENUE Address 1120 MADISON AVENUE

City-State-Zip: TOLEDO OH 43604 City-State-Zip: TOLEDO OH 43604

Title SR. VP Title SECRETARY

NameKEVIN, BRENNANNameHECKLINGER, SANDYAddress1120 MADISON AVENUEAddress1120 MADISON AVENUECity-State-Zip:TOLEDO OH 43604City-State-Zip:TOLEDO OH 43604

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHERINE MIKOLAJCZAK

VICE PRESIDENT

10/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title VP

Name CONNORS, MARTY

Address 1120 MADISON AVENUE

City-State-Zip: TOLEDO OH 43604

Title VP

Name LORTIE, JIM

Address 1120 MADISON AVENUE

City-State-Zip: TOLEDO OH 43604

Title SR. VP

Name STENGLE, JIM

Address 1120 MADISON AVENUE

City-State-Zip: TOLEDO OH 43604