

GRAMMIG LAUREL L  
Form 5  
February 10, 2003

**FORM 5**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, DC 20549

OMB APPROVAL  
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**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP**

- Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
- Form 3 Holdings Reported
- Form 4 Transactions Reported

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  <b>Grammig          Laurel          L.</b>  (Last)                  (First)                  (Middle)  <b>401 E. Jackson St., Ste. 1700</b>  (Street)  <b>Tampa    FL          33602</b>  (City)                  (State)                  (Zip)			2. Issuer Name and Ticker or Trading Symbol  <p style="text-align: center;"><b>Brown &amp; Brown, Inc. (BRO)</b></p>			6. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Director</td> <td style="width: 33%;"><input type="checkbox"/> 10% Owner</td> <td style="width: 34%;"></td> </tr> <tr> <td><input checked="" type="checkbox"/> Officer (give title below)</td> <td colspan="2">Other (specify below)</td> </tr> </table> <p style="text-align: center;"><b>Vice President and Secretary</b></p>			<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner	
<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner										
<input checked="" type="checkbox"/> Officer (give title below)	Other (specify below)										
3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)			4. Statement for Month/Year  <p style="text-align: center;"><b>December/2002</b></p>			7. Individual or Joint/Group Reporting (check applicable line)					
			5. If Amendment, Date of Original (Month/Year)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/></td> <td colspan="2">Form Filed by One Reporting Person</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="2">Form Filed by More than One Reporting Person</td> </tr> </table>			<input checked="" type="checkbox"/>	Form Filed by One Reporting Person	
<input checked="" type="checkbox"/>	Form Filed by One Reporting Person										
<input type="checkbox"/>	Form Filed by More than One Reporting Person										
<b>Table I — Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned</b>											
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock, \$.10 par value				695(1)	A	N/A	17,495	D			
Common Stock, \$.10 par value							35,180	I	Stock Performance Plan(2)		
Common Stock, \$.10 par value							15,511	I	401(k) Plan(3)		

\*



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Note: File three copies of this Form, one of which must be manually signed.

If space is insufficient, *see* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.