SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

VARNER CHILTON D			Date of Event equiring Staten Month/Day/Year 7/01/2004	nent	3. Issuer Name and Ticker or Trading Symbol BROWN & BROWN INC [BRO]					
(Last) 191 PEACHT SUITE 4900	(First) REE STREET	(Middle) NW				tionship of Reporting Perso all applicable) Director Officer (give title	n(s) to Issue 10% Owne Other (spe	r (N	Month/Day/Year)	ate of Original Filed /Group Filing (Check
(Street) ATLANTA (City)	GA (State)	30303 (Zip)				below)	below)		pplicable Line) X Form filed b	y One Reporting Person y More than One
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					. Amount of Securities leneficially Owned (Instr. 4) or Indirect (I) (Instr. 5)		:ṫ(D) (In	4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock, \$.10 par value						0	D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
Expiration			2. Date Exerc Expiration Da (Month/Day/Y	ate	3. Title and Amount of Securit Underlying Derivative Securit		y (Instr. 4) Conve or Exe		se Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
Explanation of R			Date Exercisable	Expiratior Date	n Title		Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	

CHILTON D VARNER

** Signature of Reporting Person

Date

07/06/2004

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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