

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **818036** (6)

1. Corporation Name
AVEMCO INSURANCE COMPANY



Principal Place of Business: **411 AVIATION WAY FREDERICK MD 21701**
Mailing Address: **411 AVIATION WAY FREDERICK MD 21701**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **07/10/1964**
3a. Date of Last Report: **02/20/1995**
4. FEI Number: **52-0795746**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER OF FLORIDA
THE CAPITOL BLDG.
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11.1 TITLE	CD	<input type="checkbox"/> DELETE
11.2 NAME	CONDON, WILLIAM P	
11.3 STREET ADDRESS	411 AVIATION WAY	
11.4 CITY - ST - ZIP	FREDERICK MD 21701	
11.1 TITLE	PD	<input type="checkbox"/> DELETE
11.2 NAME	HALL, RAY C	
11.3 STREET ADDRESS	411 AVIATION WAY	
11.4 CITY - ST - ZIP	FREDERICK MD 21701	
11.1 TITLE	T	<input type="checkbox"/> DELETE
11.2 NAME	FISHER, DOUGLAS J	
11.3 STREET ADDRESS	411 AVIATION WAY	
11.4 CITY - ST - ZIP	FREDERICK MD 21701	
11.1 TITLE	VSD	<input type="checkbox"/> DELETE
11.2 NAME	CHERO, THOMAS H	
11.3 STREET ADDRESS	411 AVIATION WAY	
11.4 CITY - ST - ZIP	FREDERICK MD 21701	
11.1 TITLE	VD	<input type="checkbox"/> DELETE
11.2 NAME	HUBBARD, CHARLES W	
11.3 STREET ADDRESS	411 AVIATION WAY	
11.4 CITY - ST - ZIP	FREDERICK MD 21701	
11.1 TITLE	V	<input type="checkbox"/> DELETE
11.2 NAME	HARCUM, GEORGE L	
11.3 STREET ADDRESS	411 AVIATION WAY	
11.4 CITY - ST - ZIP	FREDERICK MD 21701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.1 TITLE	
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.1 TITLE	
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.1 TITLE	
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.1 TITLE	
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **Douglas J. Fisher, Treasurer** 2/8/96 (301) 694-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)