

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90194 008 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 818036

1. Corporation Name
AVEMCO INSURANCE COMPANY



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1964
 4. FEI Number: 52-0795746
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-23) and Mailing Address (2a-29) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
 THE CAPITOL BLDG.
 TALLAHASSEE FL 32304

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PCEO	<input type="checkbox"/> DELETE	1.1 TITLE: PCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: GRIFFIN, BEN L		1.2 NAME:	
STREET ADDRESS: 411 AVIATION WAY		1.3 STREET ADDRESS:	
CITY-ST-ZIP: FREDERICK MD 21701		1.4 CITY-ST-ZIP:	
TITLE: EVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUBBARD, CHARLES W		2.2 NAME:	
STREET ADDRESS: 411 AVIATION WAY		2.3 STREET ADDRESS:	
CITY-ST-ZIP: FREDRICK MD 21701		2.4 CITY-ST-ZIP:	
TITLE: EVP	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LAUERMAN, JAMES A		3.2 NAME:	
STREET ADDRESS: 411 AVIATION WAY		3.3 STREET ADDRESS:	
CITY-ST-ZIP: FREDERICK MD 21701		3.4 CITY-ST-ZIP:	
TITLE: VPT	<input type="checkbox"/> DELETE	4.1 TITLE: VPCFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: KIM, KIMBERLY A		4.2 NAME:	
STREET ADDRESS: 411 AVIATION WAY		4.3 STREET ADDRESS:	
CITY-ST-ZIP: FREDERICK MD 21701		4.4 CITY-ST-ZIP:	
TITLE: VP	<input type="checkbox"/> DELETE	5.1 TITLE: VPCIO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: DWYER, KAREN B		5.2 NAME:	
STREET ADDRESS: 411 AVIATION WAY		5.3 STREET ADDRESS:	
CITY-ST-ZIP: FREDERICK MD 21701		5.4 CITY-ST-ZIP:	
TITLE: VPD	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ELLIS, EDWARD H		6.2 NAME:	
STREET ADDRESS: 13403 NORTHWEST FREEWAY		6.3 STREET ADDRESS:	
CITY-ST-ZIP: HOUSTON TX 77040		6.4 CITY-ST-ZIP:	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Vice President Date: 4/28/99 Daytime Phone #: 301-694-5700

CR2E034 (11/98)

535490-90194-8

Doc# 818036

Attachment To: Florida 1999 Profit Corporation Annual Report

AVEMCO INSURANCE COMPANY

13. Additions to Officers and Directors in 12

C

Wilcox, Benjamin D.
13403 Northwest Freeway
Houston, TX 77040

EVPD

Bramanti, Frank J.
13403 Northwest Freeway
Houston, TX 77040

EVPD

Molbeck, John N. Jr.
13403 Northwest Freeway
Houston, TX 77040

VPD

Tuffly, L. Edward
13403 Northwest Freeway
Houston, TX 77040

VPSD

Martin, Christopher L.
13403 Northwest Freeway
Houston, TX 77040

VP

Adams, Michael J.
411 Aviation Way
Frederick, MD 21701

VP

Altmann, Richard C.
411 Aviation Way
Frederick, MD 21701

VP

Jones, Joseph B.
411 Aviation Way
Frederick, MD 21701

VP

Sweeney, John E.
411 Aviation Way
Frederick, MD 21701

VP

Offutt, Thomas F.
411 Aviation Way
Frederick, MD 21701

VP

Thompson, Sarah J.
411 Aviation Way
Frederick, MD 21701

T

O'Brochta, Hillary A.
411 Aviation Way
Frederick, MD 21701

D

Smith, Peter B. Jr.
13403 Northwest Freeway
Houston, TX 77040

D

Way, Stephen L.
13403 Northwest Freeway
Houston, TX 77040