

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 PM 1:02

DOCUMENT # **F31702 (6)**
1. Corporation Name
OLD DOMINION INSURANCE COMPANY

Principal Place of Business Mailing Address
**9428 BAYMEADOWS ROAD
SUITE 400
JACKSONVILLE FL 32256
US** **9428 BAYMEADOWS ROAD
SUITE 400
JACKSONVILLE FL 32256
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
04/22/1981 **04/20/1994**

4. FEI Number Applied For
59-2070420 Not Applicable

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. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

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

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

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 _____
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	V
NAME	CHRISTIANSEN, JAMES
STREET ADDRESS	6332 SIMCA DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TD
NAME	ERVIN JR, RICHARD L
STREET ADDRESS	11867 OLDFIELD PT DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V
NAME	ERVIN, RICHARD L
STREET ADDRESS	2077 BISHOP ESTATES RD.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	PDC
NAME	HAYNES, LARRY E
STREET ADDRESS	4160 BURNING TREE LANE S
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S
NAME	GRINER, BETTY J
STREET ADDRESS	11701 CISCO GARDEN ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V
NAME	SHIRLEY, BILL
STREET ADDRESS	10131 DEERCREEK CLUB RD
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
21. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	V D
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	P D
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	S
53. STREET ADDRESS	KELLY, KEVIN J
54. CITY-ST-ZIP	1024 FOSS AVENUE DREXEL HILL, PA 19026
61. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	SHIRKEY, BILL
63. STREET ADDRESS	
64. CITY-ST-ZIP	

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 110.07(3)(b), 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 or changed, or in an addition, with respect to:

SIGNATURE: *Richard L. Ervin, Jr.* **RICHARD L. ERVIN, JR.** 1/11/95 (904) 739-0873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFICANT OFFICER OR DIRECTOR Date Telephone Number