

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 13 PM 1:02

DOCUMENT # **F31702 (6)**

1. Corporation Name  
**OLD DOMINION INSURANCE COMPANY**

DO NOT WRITE IN THIS SPACE.

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

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

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2070420** Applied For Not Applicable

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

22. City & State 27. City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

23. Zip Country 28. Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

24. 25. 29. 30.

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 Signature, typed or printed name of registered agent and title if applicable (P.O. Box Number is Not Acceptable) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                          |
|----------------|--------------------------|
| 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          |

|                   |  |
|-------------------|--|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| 12 NAME           |  |
| 13 STREET ADDRESS |  |
| 14 CITY-ST-ZIP    |  |
| 21 TITLE          | V D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |  |
| 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          | P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |  |
| 43 STREET ADDRESS |  |
| 44 CITY-ST-ZIP    |  |
| 51 TITLE          | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 52 NAME           | KELLY, KEVIN J   |
| 53 STREET ADDRESS | 1024 FOSS AVENUE   |
| 54 CITY-ST-ZIP    | 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 included 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 attached sheet with a copy thereon.

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