

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

APPROVED AND FILED 1-2

PROFIT CORPORATION ANNUAL REPORT 1996



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

96 MAY -1 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F31702 (6)

1. Corporation Name
OLD DOMINION INSURANCE COMPANY



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

3. Date Incorporated or Qualified: 04/22/1981
3a. Date of Last Report: 01/19/1995

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

4. FEI Number: 59-2070420
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
CAPITOL BLDG.
TALLAHASSEE FL**

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

TITLE	V	CHRISTIANSSEN, JAMES	<input checked="" type="checkbox"/> DELETE
NAME		8332 SIMCA DR	
STREET ADDRESS		JACKSONVILLE FL	
CITY-ST-ZIP			
TITLE	VD	ERVIN JR, RICHARD L	<input type="checkbox"/> DELETE
NAME		11867 OLDFIELD PT DR	
STREET ADDRESS		JACKSONVILLE FL	
CITY-ST-ZIP			
TITLE	V	ERVIN, RICHARD L	<input type="checkbox"/> DELETE
NAME		2077 BISHOP ESTATES RD.	
STREET ADDRESS		JACKSONVILLE FL	
CITY-ST-ZIP			
TITLE	PD	HAYNES, LARRY E	<input type="checkbox"/> DELETE
NAME		4160 BURNING TREE LANE S	
STREET ADDRESS		JACKSONVILLE FL	
CITY-ST-ZIP			
TITLE	S	KELLY, KEVIN J.	<input type="checkbox"/> DELETE
NAME		1024 FOSS AVE.	
STREET ADDRESS		DREXEL HILL PA	
CITY-ST-ZIP			
TITLE	V	SHIRKEY, BILL	<input type="checkbox"/> DELETE
NAME		10131 DEERCREEK CLUB RD	
STREET ADDRESS		JACKSONVILLE FL	
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

400001827804
-05/17/96--01121--017
****400.00 ****200.00

11 TITLE	VT	THOMAS, JAMES M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		1190 ALVERSTONE RD	
13 STREET ADDRESS		CLIFTON HEIGHTS PA	
14 CITY-ST-ZIP			
21 TITLE			<input 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			<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

JA 5/13

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 if changed, or on an attachment with an address.

SIGNATURE: *James M. Thomas* James M. Thomas, Treas. 4/24/96 (215)925-0609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Tallahassee, Florida

CR2E034 (12/95)

F31702

**1996 CORPORATION ANNUAL REPORT
DOCUMENT #F31702 (6)
OLD DOMINION INSURANCE COMPANY**

#12. OFFICERS & DIRECTORS (continued)

Title: V D
Name: Childers, Michael W.
Street Address: 377 Merion Road
City-State: Merion, PA 19066

Title: V
Name: Whatley, Michael W.
Street Address: 9919 Vineyard Lake Lane
City-State: Jacksonville, FL

Title: V
Name: Patterson, Douglas H.
Street Address: 414 Walnut Street
City-State: Philadelphia, PA 19106