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**May 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 32256-7071 US**

3. Date Incorporated or Qualified: **04/22/1981**

3a. Date of Last Report: **05/01/1996**

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

2. Principal Place of Business (21-23)

2a. Mailing Address (26-28)

24. Zip Country (25-29)

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 **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 _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHILDERS, MICHAEL W	
STREET ADDRESS	377 MERION ROAD	
CITY-ST-ZIP	MERION PA 19066	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JAMES M	
STREET ADDRESS	1190 ALVERSTONE RD	
CITY-ST-ZIP	CLIFTON HEIGHTS PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ERVIN, RICHARD L	
STREET ADDRESS	2077 BISHOP ESTATES RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAYNES, LARRY E	
STREET ADDRESS	4160 BURNING TREE LANE S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, KEVIN J.	
STREET ADDRESS	1024 FOSS AVE.	
CITY-ST-ZIP	DREXEL HILL PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHIRKEY, BILL	
STREET ADDRESS	10131 DEERCREEK CLUB RD	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Koerner, Philip D.	
1.3 STREET ADDRESS	55 West Street	
1.4 CITY-ST-ZIP	Keene, NH 03431	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Royer, David L.	
2.3 STREET ADDRESS	55 West Street	
2.4 CITY-ST-ZIP	Keene, NH 03431	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	McKenna, William C.	
3.3 STREET ADDRESS	55 West Street	
3.4 CITY-ST-ZIP	Keene, NH 03431	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: _____ DATE: **4/29/97** (603) 358-1440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)