


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

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90034 028 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F31702**

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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>04/22/1981</b>	
4. FEI Number <b>59-2070420</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOERNER, PHILIP D	
STREET ADDRESS	55 WEST STREET	
CITY-ST-ZIP	KEENE NH	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROYER, DAVID L	
STREET ADDRESS	55 WEST STREET	
CITY-ST-ZIP	KEENE NH	
TITLE	C	<input type="checkbox"/> DELETE
NAME	KUHL, EDWARD	
STREET ADDRESS	55 WEST STREET	
CITY-ST-ZIP	KEENE NH 03431	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCKENNA, WILLIAM C	
STREET ADDRESS	55 WEST ST	
CITY-ST-ZIP	KEENE NH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHIRKEY, BILL	
STREET ADDRESS	10131 DEERCREEK CLUB RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ALBANESE, FRANK	
STREET ADDRESS	9428 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input 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	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brackett, Norman E.	
2.3 STREET ADDRESS	13 Pillsbury Drive	
2.4 CITY-ST-ZIP	Scarborough, ME 04074	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cleveland, Cotton M.	
3.3 STREET ADDRESS	123 Main Street	
3.4 CITY-ST-ZIP	New London, NH 03257	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Farmer, Charles A.	
4.3 STREET ADDRESS	101 Kendall Road	
4.4 CITY-ST-ZIP	Keene, NH 03431	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gunter, William D., Jr.	
5.3 STREET ADDRESS	1545 Raymond Diehl Rd.	
5.4 CITY-ST-ZIP	Tallahassee, FL 32308	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jacobs, Terry S.	
6.3 STREET ADDRESS	6561 Madera Hills Drive	
6.4 CITY-ST-ZIP	Cincinnati, OH 45243	


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: William C. McKenna **WILLIAM C. MCKENNA** March 1, 1999 (603)358-1440  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)

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	PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
	DOCUMENT # F31702 1. Corporation Name OLD DOMINION INSURANCE COMPANY	

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F31702



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Mailing Address: 9428 BAYMEADOWS ROAD, SUITE 400, JACKSONVILLE FL 32256, US

DO NOT WRITE IN THIS SPACE

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Suite, Apt. #, etc.		City & State		Zip		Country			

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SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Morley, James F.	
1.3 STREET ADDRESS	One Dupont Circle, Suite 500	
1.4 CITY-ST-ZIP	Washington, DC 20036-1178	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 William C. McKenna, Corporate Secretary

March 1, 1999 (603)358-1440  
 Daytime Phone #