Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F31702 1. Corporation Name

Principal Place of Business

OLD DOMINION INSURANCE COMPANY

9428 BAYMEADA SUITE 400 JACKSONVILLE US		9428 BAYMEADOWS ROAD SUITE 400 JACKSONVILLE FL 32256 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/22/1981							
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		opplied For					
21		26			59-2070420		lot Applicable					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required						
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution							
Zip Country Zip 24 25 29			Country	,		. This corporation owes the current year Intangible Personal Property Tax.						
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Ag	jent						
			81	Name	•		Ì					
INSU	RANCE COMMISSIONER		82	Ctroot	Address (P.O. Box Number is Not Acceptable)		<u> </u>					
CAPITOL BLDG.			02	Sueer	Address (F.O. Box Number is Not Acceptable)							
TALL	AHASSEE FL		83	<u> </u>								
	•		84	City	FI	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												
SIGNATURE	Signature, typed or printed name of registered agent a			nt signature	required when reinstating) DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND							
TITLE	PD	☐ DELETÉ	1.1 TITLE		1 -	Change	Addition					
NAME	Koerner, Philip D		1.2 NAME		Koerner, Philip D.		j					
STREET ADDRESS	55 WEST STREET		1.3 STREE	T ADDRESS			\					
CITY-ST-ZIP	KEENE NH		1.4 CITY-\$	T-ZIP	Keene, NH 03431							
TITLE	T	DELETE	2.1 TITLE		",	Change	Addition					
NAME	ROYER, DAVID L		2.2 NAME		Brackett, Norman E.		i					
STREET ADDRESS	55 WEST STREET		2.3 STREE	T ADDRESS	13 Pillsbury Drive							
CITY-ST-ZIP	KEENE NH		2. 4 CITY-S	ST-ZIP	Scarborough ME 04074							
TITLE	C	☐ DELETE	3.1 TITLE		י ט	Change	Addition					
NAME	KUHL, EDWARD		3.2 NAME		Cleveland, CCotton M.		Y					
STREET ADDRESS	55 WEST STREET		3.3 STREE	T ADORESS								
CITY-ST-ZIP	KEENE NH 03431	•	3.4. CITY-5	ST-ZIP	New London, NH 03257							
TITLE	Š	☐ DELETE	4.1 TITLE		1 5	Change	Addition					
NAME	MCKENNA, WILLIAM C		4. 2 NAME		Farmer, Charles A.]					
STREET ADDRESS	55 WEST ST		4.3 STREE	TADDRESS	1 404 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
CITY-ST-ZIP	KEENE NH		4.4 CITY-S	T-ZIP	Keene, NH_034314							
TITLE	V	☐ DELETE	5.1 TITLE			Change	Addition					
NAME	SHIRKEY, BILL		5.2 NAME		Gunter, William D., Jr.]					
STREET ADDRESS	10131 DEERCREEK CLUB RD		5.3 STREE	T ADDRESS			Į					
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-S	T-ZIP	Tallahassee FL 32308		}					
TITLE	V	☐ DELETE	6.1 TTTLE		narranassee, rt = 32306	Change	Addition					
NAME	ALBANESE, FRANK		6.2 NAME		Jacobs, Terry S.		1					
				T ADDRESS			Ì					
STREET ADDRESS	9428 BAYMEADOWS RD		64 CITY-S		6561 Madera Hills Drive		1					

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 suppliemental 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, prop an attachment with an address, with all other like empowered.

SIGNATURE:

March 1, 1999

(603)358-1440

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

03-17-1999 90034 028 ***150.00



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # F31702

OLD DOMINION INSURANCE COMPANY

Page 2 of 2 pages

237901-90034-28 F31702



Principal Place of Business	Mailing Address			LORY OFFICE ORDER BUILDED A	4 1811 1641	
9428 BAYMEADOWS ROAD	9428 BAYMEADOWS ROAD		;			
SUITE 400 JACKSONVILLE FL 32256	SUITE 400 JACKSONVILLE FL 32256		DO NOT WRITE IN THIS SPACE			
US	US		3. Date Incorporated or Qualifed			
			04/22/1981			
2. Principal Place of Business	2a. Mailing Address	 -	4. FEI Number	Applied	d For	
21	26		59-2070420	Not Ap	pplicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addi		
[22]	27		5. Certificate of States Desired	Fee Requir	red	
City & State	City & State		6. Election Campaign Financing	\$5.00 Mag	-	
23	28		Trust Fund Contribution	Added to F	ees	
Zip Country	Zip	Country	8. This corporation owes the current year in	tangible ☐Yes ☐I	No	
24 25	29 30	<u>'L</u>	Personal Property Tax. 10. Name and Address of New Registered		100	
9. Name and Address of Curren	t Registered Agent	81 Name	To, Maine and Address of New Negistered	rigent		
INSURANCE COMMISSIONER						
CAPITOL BLDG.		82 Street	Address (P.O. Box Number is Not Acceptable)		1	
TALLAHASSEE FL		83	· · · · · · · · · · · · · · · · · · ·			
						
		84 City	Fi	85 Zip Cod	ie	
11. Pursuant to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes,	the above-named	corporation submits this statement for the purpose of	changing its reg	jistered	
office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga	of Florida. Such change was auth	orized by the corpo	oration's board of directors. I hereby accept the appo	intment as regist	ered	
	10.10 01, 000.1011 001.0000, 710.100					
SIGNATURE Signature, typed or printed name of registered ager	nt and title if applicable. [NOTE: Re	gistered Agent signature r				
12. OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A			
TITLE	☐ DELETÉ	1.1 TITLE	D Maniau lama E	Change	Addition	
NAME		1.2 NAME	Morley, James F.	00		
STREET ADDRESS		1.3 STREET ADDRESS	One Dupont Circle, Suite 50	JU		
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Washington, DC 20036-1178	Change	Addition i	
TITLE	DELETE	2.1 TITLE	D Charact Dankana D	Change	U Ascitori	
NAME		22 NAME	Stewart, Barbara D.	24.4		
STREET ADDRESS		2.3 STREET ADDRESS	2660 Peachtree Road, Suite	21A		
CITY-ST-ZIP	☐ DELETE	2.4 C(TY-ST-Z(P) 3.1 T)TLE	Atlanta, FA 30305	☐ Change	Addition	
TITLE	3-	i · · · · ·	Wray, David B.			
NAME		3.2 NAME 3.3 STREET ADDRESS	37 Woodman Road			
STREET ADDRESS		8	Chestnut Hills, MA 02 <u>167</u>			
CITY-ST-ZIP TITLE	☐ DELETE	3.4. CITY-ST-ZiP 4.1 TITLE	P	Change	Addition	
NAME	— » » » » »	4. 2 NAME	Stäcy, Kelly J.			
STREET ADDRESS		Si .	9428 Baymeadows Road			
CITY-ST-ZIP		4.4 City-ST-ZiP	Jacksonville, FL 32256			
TITLE	☐ DELETE	5.1 TITLE	V	Change	Addition	
NAME		52 NAME	Schwartz, John			
STREET ADDRESS		53 STREET ADDRESS	9428 Baymeadows Road			
CITY-ST-ZIP		5.4 CITY+ST-ZIP	Jacksonville, FL 32256			
TITLE	☐ DELETE	6.1 TITLE	UGUNSUHVIIIB, FL 32230	Change	Addition	
NAME		62 NAME				
STREET ADDRESS		6 3 STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-ST-ZIP				

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 address, with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR McKenna, Corporate Secretary