

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90205 037 ***150.00

DOCUMENT # F31702

1. Entity Name
OLD DOMINION INSURANCE COMPANY

00007014



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
9428 BAYMEADOWS ROAD **9428 BAYMEADOWS ROAD**
SUITE 400 **SUITE 400**
JACKSONVILLE FL 32256 **JACKSONVILLE FL 32256-7979**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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

6. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL

7. Name and Address of New Registered Agent
 Name
Insurance Commissioner
 Street Address (P.O. Box Number is Not Acceptable)
200 East Gaines Street
The Larson Building
 City
Tallahassee **FL** Zip Code
32399

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back).

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	MORLEY, JAMES F
STREET ADDRESS	ONE DUPONT CIR STE 500
CITY-ST-ZIP	WASHINGTON DC 20036
TITLE	D <input type="checkbox"/> Delete
NAME	STEWART, BARBARA D
STREET ADDRESS	2660 PEACHTREE RD STE 21A
CITY-ST-ZIP	ATLANTA GA 30305
TITLE	D <input type="checkbox"/> Delete
NAME	WRAY, DAVID B
STREET ADDRESS	37 WOODMAN RD
CITY-ST-ZIP	CHESTNUT HILLS MA 02167
TITLE	P <input type="checkbox"/> Delete
NAME	STACY, KELLY J
STREET ADDRESS	9428 BAYMEADOWS RD
CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	V <input type="checkbox"/> Delete
NAME	SCHWARTZ, JOHN
STREET ADDRESS	9428 BAYMEADOWS RD
CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE	V <input type="checkbox"/> Delete
NAME	ALBANESE, FRANK
STREET ADDRESS	9428 BAYMEADOWS RD
CITY-ST-ZIP	JACKSONVILLE FL 32256

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORLEY, JAMES E. JR.
STREET ADDRESS	2501 M. STREET NW, SUITE 400
CITY-ST-ZIP	WASHINGTON DC 20037
TITLE	C /CEO /D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOERNER, PHILIP D.
STREET ADDRESS	55 WEST STREET
CITY-ST-ZIP	KEENE NH 03431
TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIRKEY, BILL (NMN)
STREET ADDRESS	9428 BAYMEADOWS ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32256-7979
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC KENNA, WILLIAM C.
STREET ADDRESS	55 WEST STREET
CITY-ST-ZIP	KEENE NH 03431
TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUHL, EDWARD J.
STREET ADDRESS	55 WEST STREET
CITY-ST-ZIP	KEENE NH 03431
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRACKETT, NORMAN E.
STREET ADDRESS	13 PILLSBURY DRIVE
CITY-ST-ZIP	SCARBOROUGH ME 04074

13. 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 report or supplemental 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 11 or Block 12 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 Date Daytime Phone #