

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90015 010 ***150.00

0022957

DOCUMENT # F31702

1. Entity 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**

1 0 1 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2070420

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 200 E. GAINES ST.
 LARSON BLDG.
 TALLAHASSEE FL 32399**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2001 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	2501 M. STREET NW, SUITE 400	
CITY-ST-ZIP	WASHINGTON DC 20037	
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, PHILLIP 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	CLEVELAND, COTTON M.	
STREET ADDRESS	123 MAIN STREET	
CITY-ST-ZIP	NEW LONDON, NH 03257	

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 titles empowered.

SIGNATURE:

William C. McKenna

01/10/01

(603) 358-1440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Document # F31702

ADDENDUM

2001 UNIFORM BUSINESS REPORT (UBR)

701092

DOCUMENT #F31702

OLD DOMINION INSURANCE COMPANY
9428 BAYMEADOWS ROAD
SUITE 400
JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (CONTINUED)

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FARMER, CHARLES A. 101 KENDALL ROAD KEENE, NH 03431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GUNTER WILLIAM D., JR. 1117 THOMASVILLE ROAD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JACOBS, TERRY S. 50 EAST RIVER CENTER BLVD, STE 180 COVINGTON, KY 41011