

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

00366945 AV

**DOCUMENT # F31702**  
 1. Entity Name  
**OLD DOMINION INSURANCE COMPANY**

02-13-2002 90182 049 \*\*\*150.00

Principal Place of Business <b>9428 BAYMEADOWS ROAD          SUITE 400          JACKSONVILLE FL 32256          US</b>	Mailing Address <b>9428 BAYMEADOWS ROAD          SUITE 400          JACKSONVILLE FL 32256          US</b>
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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**

DO NOT WRITE IN THIS SPACE

**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 \_\_\_\_\_ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORLEY, JAMES E JR</b> <b>2501 M. STREET NW, SUITE 400</b> <b>WASHINGTON DC 20037</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEWART, BARBARA D</b> <b>2660 PEACHTREE RD STE 21A</b> <b>ATLANTA GA 30305</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WRAY, DAVID B</b> <b>37 WOODMAN RD</b> <b>CHESTNUT HILLS MA 02167</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STACY, KELLY J</b> <b>9428 BAYMEADOWS RD</b> <b>JACKSONVILLE FL 32256</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SCHWARTZ, JOHN</b> <b>9428 BAYMEADOWS RD</b> <b>JACKSONVILLE FL 32256</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ALBANESE, FRANK</b> <b>9428 BAYMEADOWS RD</b> <b>JACKSONVILLE FL 32256</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/CEO/D</b> <b>KOERNER, PHILIP D</b> <b>55 WEST STREET</b> <b>KEENE NH 03431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHIRKEY, BILL (NMN)</b> <b>9428 BAYMEADOWS ROAD</b> <b>JACKSONVILLE, FL 32256</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MC KENNA, WILLIAM C</b> <b>55 WEST STREET</b> <b>KEENE, NH 03431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KUHL, EDWARD J</b> <b>55 WEST STREET</b> <b>KEENE NH 03431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLEVELAND, COTTON M</b> <b>123 MAIN STREET</b> <b>NEW LONDON, NH 03257</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FARMER, CHARLES A</b> <b>64 PARK AVENUE #94</b> <b>KEENE, NH 03431</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 lists empowered.

**SIGNATURE:** *William C. McKenna*      **William C. McKenna**      **Corporate Secretary**      **1-28-02**      **(603) 358-1440**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

Attachment  
Doc. # F31702

**ADDENDUM**

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #F31702**

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

313952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (CONTINUED)**

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