

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F31702

FILED  
Feb 05, 2010  
Secretary of State

Entity Name: OLD DOMINION INSURANCE COMPANY

**Current Principal Place of Business:**

4601 TOUCHTON ROAD EAST  
SUITE 3400  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

4601 TOUCHTON ROAD EAST  
SUITE 3400  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

FEI Number: 59-2070420      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: GUNTER, WILLIAM D JR.  
Address: 4601 TOUCHTON RD. EAST, STE. 3400  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: T  
Name: KUHL, EDWARD J  
Address: 4601 TOUCHTON RD E, STE 3400  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: P  
Name: EFFNER, GREGG A  
Address: 4601 TOUCHTON RD. EAST, STE. 3400  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: D  
Name: KOERNER, PHILIP D  
Address: 4601 TOUCHTON RD. EAST, STE. 3400  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: V  
Name: SCHWARTZ, JOHN  
Address: 4601 TOUCHTON RD. EAST, STE. 3400  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: S  
Name: MACK, SUSAN E  
Address: 4601 TOUCHTON RD. EAST, STE. 3400  
City-St-Zip: JACKSONVILLE, FL 32246 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN E. MACK

S

02/05/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date