FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90158 001 ***150.00

DOCUMENT # P20343

1. Corporation Name
LEGEND INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
6604 WEST BROAD STREET RICHMOND VA 23230 US	6604 WEST BROAD STREET RICHMOND VA 23230 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/04/1988

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / (27)

City & State (23) / (28)

Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 23-2524062 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ATTEY, JOHN W		1.2 NAME		
STREET ADDRESS	7125 W. JEFFERSON AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKEWOOD CO 80235		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HUGUNIN, JEFFREY I.		2.2 NAME		
STREET ADDRESS	6604 WEST BROAD STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA 23230		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	STIFF, GEOFFREY S		3.2 NAME		
STREET ADDRESS	700 MAIN STREET		3.3 STREET ADDRESS	6610 W. Broad St.	
CITY-ST-ZIP	LYNCHBURG VA 24504		3.4. CITY-ST-ZIP	Richmond, VA 23230	
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, SHELLEY M.		4. 2 NAME		
STREET ADDRESS	6604 WEST BROAD STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA 23230		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CASEY, THOMAS W.		5.2 NAME		
STREET ADDRESS	6604 WEST BROAD STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	RICHMOND VA 23230		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	VD	☐ Change ☒ Addition
NAME			6.2 NAME	Victor C. Moses	
STREET ADDRESS			6.3 STREET ADDRESS	601 Union St.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Seattle, WA 98101	

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 attachment with an address, with all other like empowered.

SIGNATURE: SIGN Shelley M. Sullivan 4/8/99 804-662-2562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Shelley M. Sullivan, Assistant Secretary

CR2E034 (11/98)

Officers and Directors

Current As Of: 3/26/99

Legend Insurance Agency, Inc.

6604 West Broad Street
Richmond, VA 23230

Officer Name	*Officer Title*	*Business Address:*
Stiff, Geoffrey S.	President and Chief Executive Officer	6610 West Broad Street Richmond, VA 23230
Casey, Thomas W.	Senior Vice President and Chief Financial Officer	6604 West Broad Street Richmond, VA 23230
Moses, Victor C.	Senior Vice President	601 Union Street Seattle, WA 98101
Attey, John W.	Vice President, Counsel and Secretary	7125 W. Jefferson Avenue, Suite 200 Lakewood, CO 80235
DeVos, Stephen N.	Vice President and Controller	6604 West Broad Street Richmond, VA 23230
Hugunin, Jeffrey I.	Treasurer	6604 West Broad Street Richmond, VA 23230
Amato, John	Assistant Treasurer	777 Long Ridge Road Stamford, CT 06927
Cassidy, Joseph T.	Assistant Treasurer	777 Long Ridge Road Stamford, CT 06927
Cook, Joseph E.	Assistant Treasurer	601 Union Street Seattle, WA 98101
Daglish, Brenda	Assistant Treasurer	6604 West Broad Street Richmond, VA 23230
Hyde, Jeffrey L.	Assistant Treasurer	777 Long Ridge Road Stamford, CT 06927

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Officers and Directors

Current As Of: 3/26/99

Legend Insurance Agency, Inc.

6604 West Broad Street
Richmond, VA 23230

Jones, Sandra A.	Assistant Treasurer	6604 West Broad Street Richmond, VA 23230
Kempson, Kenneth E.	Assistant Treasurer	777 Long Ridge Road Stamford, CT 06927
Lecouras, Patricia M.	Assistant Treasurer	777 Long Ridge Road Stamford, CT 06927
Schulman, Gary J.	Assistant Treasurer	777 Long Ridge Road Stamford, CT 06927
Bobitz, Ward E.	Assistant Secretary	6604 West Broad Street Richmond, VA 23230
McAnaney, Brian T.	Assistant Secretary	260 Long Ridge Road Stamford, CT 06927
Sullivan, Shelley M.	Assistant Secretary	6604 West Broad Street Richmond, VA 23230

Directors:	***Business Address:***
Moses, Victor C.	601 Union Street Seattle, WA 98101
Stiff, Geoffrey S.	6610 West Broad Street Richmond, VA 23230

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