2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#818036

: AVEMCO INSURANCE COMPANY

FILED Jan 22, 2008 Secretary of State

Entity Name: AVENICO INSURANCE COMPANY					
Current Principal Place of Business:			New Princ	New Principal Place of Business:	
411 AVIATION SUITE 100 FREDERIC	ON WAY K, MD 21701				
Current Mailing Address:			New Maili	ng Address:	
13403 NORTHWEST FREEWAY ATTN: DEBRA GREEN HOUSTON, TX 77040					
FEI Number:	52-0795746	FEI Number Applied For () FEI N	lumber Not Appl	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
P O BOX 62 200 E. GAIN	ANCIAL OFFI 200 (32314-62 NES ST SEE, FL 323	200)			
The above in the State		submits this statement for the purpose	e of changing i	ts registered office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent				Date	
Election Cam	paign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SCHELL, MICH	WEST FREEWAY	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition LAUERMAN, JAMES A 411 AVIATION WAY, SUITE 100 FREDERICK, MD 21701	
Title: Name: Address: City-St-Zip:	LAUERMAN, JA	WAY, SUITE 100	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition ELLIS, EDWARD H JR. 13403 NW FREEWAY HOUSTON, TX 77040	
Title: Name: Address: City-St-Zip:	MACDONOUGH	WEST FREEWAY	Title: Name: Address: City-St-Zip:	CFOD (X) Change () Addition MACDONOUGH, STEPHEN 13403 NORTHWEST FREEWAY HOUSTON, TX 77040	
Title: Name: Address: City-St-Zip:	ELLIS, EDWAF	WEST FREEWAY	Title: Name: Address: City-St-Zip:	DV (X) Change () Addition MOLBECK, JOHN N JR 13403 NORTHWEST FREEWAY HOUSTON, TX 77040	
Title: Name: Address: City-St-Zip:	WAY, L BYROI	WEST FREEWAY	Title: Name: Address: City-St-Zip:	CEOD (X) Change () Addition SCHELL, MICHAEL J 13403 NORTHWEST FREEWAY HOUSTON, TX 77040	
Title: Name: Address: City-St-Zip:	SIMMONS, JAN	WEST FREEWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES L SIMMONS S 01/22/2008