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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 4:25

DOCUMENT # **F93000001148 (6)**

1. Corporation Name
THE RECIPROCAL INSURANCE AGENCY, LTD., CO.

Principal Place of Business	Mailing Address
4200 INNSLAKE DRIVE GLEN ALLEN VA 23060	PO BOX 85058 RICHMOND VA 23261-5058 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/02/1993	04/14/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 54-1645000 ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 Kenneth R Patterson Sr VP-CFO 4/4/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCLEAN, GORDON D	1.2 NAME	
STREET ADDRESS	4200 INNSLAKE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ALLEN VA 23060	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KELLEY, JUDY A	2.2 NAME	
STREET ADDRESS	4200 INNSLAKE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ALLEN VA	2.4 CITY-ST-ZIP	
TITLE	SVPD	3.1 TITLE	☐ Change ☐ Addition
NAME	PATTERSON, KENNETH R	3.2 NAME	
STREET ADDRESS	4200 INNSLAKE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ALLEN VA	3.4 CITY-ST-ZIP	
TITLE	SVPD	4.1 TITLE	☐ Change ☐ Addition
NAME	MCMILLION, ROBERT E	4.2 NAME	
STREET ADDRESS	4510 COX RD., SUITE 400, ROWE PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ALLEN VA	4.4 CITY-ST-ZIP	
TITLE	SVPD	5.1 TITLE	☐ Change ☐ Addition
NAME	CREWS, JOHN WILLIAM	5.2 NAME	
STREET ADDRESS	700 E. MAIN ST., SUITE 1015	5.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MEADOWS, ROBERT V	6.2 NAME	
STREET ADDRESS	4200 INNSLAKE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ALLEN VA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Kenneth R Patterson Kenneth R. Patterson 4-3-95 (804) 747-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477600 FP