FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

4-24-96 B-4364-C

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

3. Date Incorporated or Qualified: **03/02/1993**

3a. Date of Last Report: **04/14/1995**

2. Principal Place of Business — 21

Suite, Apt. #, etc. — 22

City & State — 23

Zip — 24 | Country — 25

2a. Mailing Address — 26

Suite, Apt. #, etc. — 27

City & State — 28

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

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 _____ (If this Registered Agent signature is required for this filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	☒ DELETE
NAME	MCLEAN, GORDON D	
STREET ADDRESS	4200 INNSLAKE DRIVE	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	D	☐ DELETE
NAME	KELLEY, JUDY A	
STREET ADDRESS	4200 INNSLAKE DRIVE	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE	SVPD	☐ DELETE
NAME	PATTERSON, KENNETH R	
STREET ADDRESS	4200 INNSLAKE DRIVE	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE	SVPD	☐ DELETE
NAME	MCMILLION, ROBERT E	
STREET ADDRESS	4510 COX RD., SUITE 400, ROWE PLAZA	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE	SVPD	☐ DELETE
NAME	CREWS, JOHN WILLIAM	
STREET ADDRESS	700 E. MAIN ST., SUITE 1015	
CITY-ST-ZIP	RICHMOND VA	
TITLE	D	☒ DELETE
NAME	MEADOWS, ROBERT V	
STREET ADDRESS	4200 INNSLAKE DRIVE	
CITY-ST-ZIP	GLEN ALLEN VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Executive Vice Chairman/D	☐ Change ☒ Addition
1.2 NAME	Jacobs, Jr., William F.	
1.3 STREET ADDRESS	4200 Innslake Drive	
1.4 CITY-ST-ZIP	Glen Allen, VA 23060	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	President/Director	☒ Change ☐ Addition
4.2 NAME	McMillion, Jr., Robert M.	
4.3 STREET ADDRESS	4200 Innslake Drive	
4.4 CITY-ST-ZIP	Glen Allen, VA 23060	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 1996 (804) 747-8600
Date Daytime Phone #