

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90251 042 ***150.00

DOCUMENT # F93000001148

1. Corporation Name

THE RECIPROCAL INSURANCE AGENCY, LTD., CO.

Principal Place of Business

4200 INNSLAKE DRIVE
GLEN ALLEN VA 23060

Mailing Address

PO BOX 85058
RICHMOND VA 23261-5058
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1993

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, WILLIAM F. JR.	
STREET ADDRESS	4200 INNSLAKE DRIVE	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KELLEY, JUDY A	
STREET ADDRESS	4200 INNSLAKE DRIVE	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	PATTERSON, KENNETH R	
STREET ADDRESS	4200 INNSLAKE DRIVE	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCMILLION, ROBERT M. JR.	
STREET ADDRESS	4200 INNSLAKE DRIVE	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	CREWS, JOHN WILLIAM	
STREET ADDRESS	700 E. MAIN ST., SUITE 1015	
CITY-ST-ZIP	RICHMOND VA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HUDGINS, CAROLYN	
STREET ADDRESS	4500 INNSLAKE DR	
CITY-ST-ZIP	GLEN ALLEN VA 23060	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	2nd VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Glen R. "Chip" Marohn	
1.3 STREET ADDRESS	4200 Innslake Drive	
1.4 CITY-ST-ZIP	Glen Allen, VA 23060	
2.1 TITLE	2nd VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thomas K. Smith	
2.3 STREET ADDRESS	4200 Innslake Drive	
2.4 CITY-ST-ZIP	Glen Allen, VA 23060	
3.1 TITLE	2nd VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert H. Spicknall	
3.3 STREET ADDRESS	4510 Cox Road, Suite 400	
3.4 CITY-ST-ZIP	Glen Allen, VA 23060	
4.1 TITLE	2nd VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert D. Hinman	
4.3 STREET ADDRESS	4200 Innslake Drive	
4.4 CITY-ST-ZIP	Glen Allen, VA 23060	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Judith A. Kelley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

(804) 747-8600
Daytime Phone #

CR2E034 (11/98)

538 374-90251-42 Doc # F93000001148

THE RECIPROCAL INSURANCE AGENCY, LTD.™

DIRECTORS AND OFFICERS

***Kenneth R. Patterson**

Vice Chairman and Acting CEO
4200 Innslake Drive
Glen Allen, VA 23060
(804) 965-1278
(804) 965-1346 (Fax)

***John W. Crews, Esquire**

Executive Vice President, General
Counsel and Secretary
Crews & Hancock
700 Building, Suite 1015
700 East Main Street
Richmond, VA 23219
(804) 649-9333
(804) 783-1759 (Fax)

Tim Rader

Assistant Vice President/Treasurer
4200 Innslake Drive
Glen Allen, VA 23060
(804) 965-1363
(804) 965-1346 (Fax)

Glen R. "Chip" Marohn

Senior Vice President
4200 Innslake Drive
Glen Allen, VA 23060
(804) 965-1312
(804) 965-1337 (Fax)

Thomas K. Smith

Senior Vice President
4200 Innslake Drive
Glen Allen, VA 23060
(804) 965-1298
(804) 270-5281 (Fax)

Robert H. Spicknall

Second Vice President
Rowe Plaza
4510 Cox Road, Suite 400
Glen Allen, VA 23060
(804) 965-5781
(804) 965-5799 (Fax)

Robert D. Hinman

Second Vice President
4200 Innslake Drive
Glen Allen, VA 23060
(804) 965-1238
(804) 270-5281 (Fax)

* denotes Directors

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(Rev. 04/19/99)