^{*}2001 UNIFORM BUSINESS REPORT (UBR) Apr 11, 2001 8:00 am Secretary of State DOCUMENT # F93000001148 THE RECIPROCAL INSURANCE AGENCY, LTD., CO. 4-11-2001 90051 011 ***150.00 Principal Place of Business Mailing Address 4200 INNSLAKE DRIVE PO BOX 85058 CUU4529U GLEN ALLEN VA 23060 RICHMOND VA 23261-5058 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE c/o Tax Department City & State City & State 4. FEI Number Applied For 54-1645000 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required USA 23285-5058 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE CD ☐ Delete TITLE NAME NAME PATTERSON, KENNETH R STREET ADDRESS STREET ADDRESS 4200 INNSLAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP GLEN ALLEN VA 23060 ☐ Delete TITLE X Change ☐ Addition TITLE V/D NAME NAME KELLEY, JUDY A STREET ADDRESS STREET ADDRESS 4200 INNSLAKE DRIVE CITY-ST-ZIE CITY-ST-ZIP 23060 **GLEN ALLEN VA** Change ☐ Addition TITLE TITLE. ☐ Delete NAME NAME MAROHN, GLEN R STREET ADDRESS STREET ADDRESS 4200 INNSLAKE DRIVE CITY-ST-ZIP CITY-ST-7IP **GLEN ALLEN VA 23060** TITLE PDC ☐ Delete TITLE X Change Addition P/CEO/D NAME SMITH, THOMAS K NAME

GLEN ALLEN VA 23060 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

23219

CITY-ST-7IP

CITY-ST-ZIP

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

NAME

4200 INNSLAKE DRIVE

GLEN ALLEN VA 23060

CREWS, JOHN WILLIAM

HUDGINS, CAROLYN

4500 INNSLAKE DR

RICHMOND VA

700 E. MAIN ST., SUITE 1015

SVPD

VDT

Carolyn B. Hudgins

☐ Delete

☐ Delete

(804) 747-8600

☐ Change

Change

X Addition

☐ Addition

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The Reciprocal Insurance Agency, Ltd.

2000/2001

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