

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90250 011 ***150.00

DOCUMENT # F93000001148

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



Principal Place of Business
4200 INNSLAKE DRIVE
GLEN ALLEN VA 23060

Mailing Address
PO BOX 85058
% TAX DEPARTMENT
RICHMOND VA 23285-5058
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1645000**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☒ **Delete**
NAME **PATTERSON, KENNETH R**
STREET ADDRESS **4200 INNSLAKE DRIVE**
CITY-ST-ZIP **GLEN ALLEN VA 23060**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ **Delete**
NAME **KELLEY, JUDY A**
STREET ADDRESS **4200 INNSLAKE DRIVE**
CITY-ST-ZIP **GLEN ALLEN VA 23060**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PCEO** ☐ **Delete**
NAME **WIECHERS, TIMOTHY O**
STREET ADDRESS **5468 RIVER FOREST RD.**
CITY-ST-ZIP **DUBLIN OH 43017**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVP** ☒ **Delete**
NAME **SMITH, THOMAS K**
STREET ADDRESS **4200 INNSLAKE DRIVE**
CITY-ST-ZIP **GLEN ALLEN VA 23060**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVPD** ☒ **Delete**
NAME **CREWS, JOHN WILLIAM**
STREET ADDRESS **700 E. MAIN ST., SUITE 1015**
CITY-ST-ZIP **RICHMOND VA 23219**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VDT** ☒ **Delete**
NAME **HUDGINS, CAROLYN**
STREET ADDRESS **4500 INNSLAKE DR**
CITY-ST-ZIP **GLEN ALLEN VA 23060**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Timothy O. Wiechers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 15 2003

804-747-8600

Date

Daytime Phone #

CR2E034 (10/02)