

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  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90033 013 \*\*\*150.00

DOCUMENT # F98000005423

1. Corporation Name  
AVOMARK INSURANCE COMPANY

Principal Place of Business  
136 N. THIRD ST  
HAMILTON OH 45025

Mailing Address  
136 N. THIRD ST  
HAMILTON OH 45025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1998

4. FEI Number

31-1482353

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP  
NAME PATCH, LAUREN N  
STREET ADDRESS 434 CHISHOLM TRAIL  
CITY-ST-ZIP CINCINNATI OH 45215

DELETE

1.1 TITLE CEO/P/D  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

XX Change Addition

TITLE D  
NAME MARCUM, JOSEPH L  
STREET ADDRESS 475 OAKWOOD DR  
CITY-ST-ZIP HAMILTON OH 45013

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

TITLE SD  
NAME SLONEKER, HOWARD L III  
STREET ADDRESS 7 LITTLE CREEK LANE  
CITY-ST-ZIP CINCINNATI OH 45246

DELETE

3.1 TITLE VP/S/D  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

XX Change Addition

TITLE TD  
NAME PORTER, BARRY S  
STREET ADDRESS 385 OLIVER RD  
CITY-ST-ZIP CINCINNATI OH 45215

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

TITLE V  
NAME PRENTICE, THOMAS P  
STREET ADDRESS 7095 WALLISWOOD CT  
CITY-ST-ZIP HAMILTON OH 45011

DELETE

5.1 TITLE SRVP/D  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

X Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry S. Porter

4/15/99 (513) 867-3903

Date

Daytime Phone #

CR2E034 (11/98)