

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005423

1. Entity Name

AVOMARK INSURANCE COMPANY

Principal Place of Business

136 N. THIRD ST
HAMILTON OH 45025

Mailing Address

136 N. THIRD ST
HAMILTON OH 45025-0001

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Avomark Insurance Company

Suite, Apt. #, etc.

9450 Seward Road

City & State
Fairfield, OH

Zip

45014

Country

Butler

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

7. Name and Address of New Registered Agent

Name Tom Morton

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

500 Winderley Place, Suite 200

City Maitland

FL

Zip Code
32751-7207

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME CEO/President
STREET ADDRESS William L. Woodall
CITY-ST-ZIP 136 North Third Street
Hamilton, OH 45025

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

TITLE ☒ Change ☐ Addition
NAME Senior Vice Pres/Sec/Director
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Treasurer
STREET ADDRESS Sarah L. Burton
CITY-ST-ZIP 136 North Third Street
Hamilton, OH 45025

TITLE ☐ Change ☒ Addition
NAME Senior Vice President
STREET ADDRESS Elizabeth M. Riczko
CITY-ST-ZIP 136 North Third Street
Hamilton, OH 45025

TITLE ☐ Change ☒ Addition
NAME Senior Vice President
STREET ADDRESS Michael L. Evans
CITY-ST-ZIP 136 North Third Street
Hamilton, OH 45025

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.

SIGNATURE:

Howard L. Sloneker, III

Howard L. Sloneker, III

4/14/00

(513) 603-2317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90029 041 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1482353
Applied For
Not Applicable

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