

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90332 030 ***150.00

CR00327

DOCUMENT # F98000005423

1. Entity Name

AVOMARK INSURANCE COMPANY

Principal Place of Business

Mailing Address

136 N. THIRD ST
 HAMILTON OH 45025

AVAMARK INSURANCE COMPNAV
 9450 SEWARD RD.
 FAIRFIELD OH 45014

00039234



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **31-1482353**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORTON, TOM
500 WINDERLEY PLACE STE 200
MAITLAND FL 32751

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.

SIGNATURE _____ (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOP	<input type="checkbox"/> Delete
NAME	WOODALL, WILLIAM L	
STREET ADDRESS	136 N 3RD ST.	
CITY-ST-ZIP	HAMILTON OH 45025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARCUM, JOSEPH L	
STREET ADDRESS	475 OAKWOOD DR	
CITY-ST-ZIP	HAMILTON OH 45013	
TITLE	SVSD	<input type="checkbox"/> Delete
NAME	SLONEKER, HOWARD L III	
STREET ADDRESS	7 LITTLE CREEK LANE	
CITY-ST-ZIP	CINCINNATI OH 45246	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BURTON, SARAH L	
STREET ADDRESS	136 N. 3RD STREET	
CITY-ST-ZIP	HAMILTON OH 45025	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	RICZKO, ELIZABETH M	
STREET ADDRESS	136 N 3RD ST.	
CITY-ST-ZIP	HAMILTON OH 45025	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	EVANS, MICHAEL L	
STREET ADDRESS	136 N. 3RD ST.	
CITY-ST-ZIP	HAMILTON OH 45025	

TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO/Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan R. Carmichael	
STREET ADDRESS	136 North Third Street	
CITY-ST-ZIP	HAMILTON, OH 45025	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis E. McDaniel	
STREET ADDRESS	136 North Third St.	
CITY-ST-ZIP	HAMILTON, OH 45025	
TITLE	SVP/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra K. Crane	
STREET ADDRESS	136 North Third Street	
CITY-ST-ZIP	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:

Dennis E. McDaniel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis E. McDaniel **4/4/01** **(513) 603-2197**

Date Daytime Phone #

CR2E034 (10/00)