2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90368 012 ***150.00

DOCUMENT # F98000005423

1. Entity Name
AVOMARK INSURANCE COMPANY

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

Mailing Address
AVAMARK INSURANCE COMPNAY
9450 SEWARD RD.
FAIRFIELD OH 45014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 9450 Seward Road
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State: Fairfield, Ohio
Zip: 45014
Country: USA

City & State
Zip
Country

4. FEI Number: 31-1482353
☐ Applied For
☐ Not Applicable

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 _____
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, 2002 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: C ☒ Delete NAME: WOODALL, WILLIAM L STREET ADDRESS: 136 N 3RD ST. CITY-ST-ZIP: HAMILTON OH 45025	TITLE: Chairman ☐ Change ☒ Addition NAME: Stanley N. Pontius STREET ADDRESS: 9450 Seward Road CITY-ST-ZIP: Hamilton, OH 45011
TITLE: CEOP ☐ Delete NAME: CARMICHAEL, DAN R STREET ADDRESS: 136 NORTH THIRD STREET CITY-ST-ZIP: HAMILTON OH 45025	TITLE: CEOPD ☒ Change ☐ Addition NAME: STREET ADDRESS: 9450 Seward Road CITY-ST-ZIP: Fairfield, OH 45014
TITLE: SVSD ☐ Delete NAME: SLONEKER, HOWARD L III STREET ADDRESS: 7 LITTLE CREEK LANE CITY-ST-ZIP: CINCINNATI OH 45246	TITLE: SVPSD ☒ Change ☐ Addition NAME: STREET ADDRESS: 9450 Seward Road CITY-ST-ZIP: Fairfield, OH 45014
TITLE: VP ☐ Delete NAME: MCDANIEL, DENNIS E STREET ADDRESS: 136 N. 3RD STREET CITY-ST-ZIP: HAMILTON OH 45025	TITLE: ☒ Change ☐ Addition NAME: STREET ADDRESS: 9450 Seward Road CITY-ST-ZIP: Fairfield, OH 45014
TITLE: SVP ☐ Delete NAME: RICZNO, ELIZABETH M STREET ADDRESS: 136 N 3RD ST. CITY-ST-ZIP: HAMILTON OH 45025	TITLE: Executive VP ☒ Change ☐ Addition NAME: Elizabeth M. Riczko STREET ADDRESS: 9450 Seward Road CITY-ST-ZIP: Fairfield, OH 45014
TITLE: SVP ☐ Delete NAME: CRANE, DEBRA K STREET ADDRESS: 136 N. 3RD ST. CITY-ST-ZIP: HAMILTON OH 45025	TITLE: ☒ Change ☐ Addition NAME: STREET ADDRESS: 9450 Seward Road CITY-ST-ZIP: Fairfield, OH 45014

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: SIGNATURE REQUIRED Dennis E. McDaniel 4/3/02 (513) 603-2197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)