# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2004 8:00 am**
**Secretary of State**
04-30-2004 90324 045 ***150.00

J04000053

DOCUMENT # F98000005423

1. Entity Name
AVOMARK INSURANCE COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 9450 SEWARD ROAD<br>FAIRFIELD, OH 45014 | AVAMARK INSURANCE COMPNAY<br>9450 SEWARD RD.<br>FAIRFIELD, OH 45014 |

04282004 Chg-P CR2E034 (10/03)

| 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 31-1482353 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

MORTON, TOM
500 WINDERLEY PLACE STE 200
MAITLAND, FL 32751

**7. Name and Address of New Registered Agent**

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, 2004 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>PONTIUS, STANLEY N<br>9450 SEWARD ROAD<br>HAMILTON, OH 45011 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CEPD<br>CARMICHAEL, DAN R<br>9450 SEWARD ROAD<br>FAIRFIELD, OH 45014 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVSD<br>SLONEKER, HOWARD L III<br>9450 SEWARD ROAD<br>FAIRFIELD, OH 45014 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sr. Vice President | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>MCDANIEL, DENNIS E<br>9450 SEWARD ROAD<br>FAIRFIELD, OH 45014 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sr. V.P. & Controller<br>Michael A. Winner<br>9450 Seward Road<br>Fairfield, Ohio 45014 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | EV<br>RICZKO, ELIZABETH M<br>9450 SEWARD ROAD<br>FAIRFIELD, OH 45014 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVP<br>CRANE, DEBRA K<br>9450 SEWARD ROAD<br>FAIRFIELD, OH 45014 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sr. V.P. & Secretary | ☒ Change ☐ Addition |

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:** Wilcw 4-28-04 513-603-2245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #