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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05127 (6)

1. Corporation Name
FRONT ROYAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
9201 FOREST HILL AVENUE SUITE 200 RICHMOND VA 23235-3053 US	P.O. BOX 85122 RICHMOND VA 23285-5122

2. Principal Place of Business — 21 — Suite, Apt #, etc 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt #, etc 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 02/26/1985
3a. Date of Last Report: 03/04/1996
4. FEI Number: 34-1266871 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LATHAM, JOHN K.		1.2 NAME	
STREET ADDRESS	9700 OL COUNTRY TRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ABRAM, JONATHAN A.		2.2 NAME	
STREET ADDRESS	109 CATAWBA COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPEL HILL NC		2.4 CITY-ST-ZIP	
TITLE	V	☒ DELETE	3.1 TITLE	V ☐ Change ☒ Addition
NAME	SOMMER, MICHAEL E.		3.2 NAME	ANGLE, ROBERT B.
STREET ADDRESS	10901 ROCKY MOUNT WAY		3.3 STREET ADDRESS	36 LYONS PLAIN ROAD
CITY-ST-ZIP	WHEATON MD		3.4 CITY-ST-ZIP	WESTPORT CT 06880
TITLE	TD	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	DAVIS, GREGG T.		4.2 NAME	
STREET ADDRESS	4508-302 BAYMAR ROAD		4.3 STREET ADDRESS	4804 GREENPOINT LANE
CITY-ST-ZIP	RALEIGH NC		4.4 CITY-ST-ZIP	HOLLY SPRINGS NC 27540
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DESCH, EDWARD		5.2 NAME	
STREET ADDRESS	1615 HARBOROUGH ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA 23233		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Edward Desch — 1/10/97 — (804) 327-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0496936