**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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<br>SUITE 200<br>RICHMOND VA 23235-3053<br>US | P.O. BOX 85122<br>RICHMOND VA 23285-5122 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1985

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 | PD | ☒ Change ☐ Addition |
| NAME | LATHAM, JOHN K. | | 1.2 NAME | | |
| STREET ADDRESS | 9700 OL COUNTRY TRACE | | 1.3 STREET ADDRESS | 46 EAST SQUARE LANE | |
| CITY-ST-ZIP | RICHMOND VA | | 1.4 CITY-ST-ZIP | RICHMOND, VA 23233 | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | SD | ☒ 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 | TD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DAVIS, GREGG T. | | 3.2 NAME | | |
| STREET ADDRESS | 4804 GREENPOINT LN | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLY SPRINGS NC | | 3.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DESCH, EDWARD | | 4.2 NAME | | |
| STREET ADDRESS | 1615 HARBOROUGH ROAD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | RICHMOND VA 23233 | | 4.4 CITY-ST-ZIP | | |
| TITLE | V | ☒ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ANGLE, ROBERT B | | 5.2 NAME | | |
| STREET ADDRESS | 36 LYONS PLAIN RD | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WESTPORT CT | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | V | ☐ Change ☒ Addition |
| NAME | | | 6.2 NAME | PILKINGTON, DALE H. | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 9220 FETLOCK DRIVE | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | MECHANICSVILLE, VA 23116 | |

CR2E034 (10/97)

14. 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 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 3/11/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0520811