

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90080 005 ***150.00

DOCUMENT # **P05127**

1. Corporation Name
FRONT ROYAL INSURANCE COMPANY

Principal Place of Business

9201 FOREST HILL AVENUE
SUITE 200
RICHMOND VA 23235-3053
US

Mailing Address

P.O. BOX 85122
RICHMOND VA 23285-5122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1985

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME LATHAM, JOHN K.
STREET ADDRESS 46 E SQUARE LANE
CITY-ST-ZIP RICHMOND VA 23233

TITLE PD ☐ DELETE
NAME ABRAM, JONATHAN A.
STREET ADDRESS 109 CATAWBA COURT
CITY-ST-ZIP CHAPEL HILL NC

TITLE TD ☐ DELETE
NAME DAVIS, GREGG T.
STREET ADDRESS 4804 GREENPOINT LN
CITY-ST-ZIP HOLLY SPRINGS NC

TITLE V ☐ DELETE
NAME DESCH, EDWARD
STREET ADDRESS 1615 HARBOROUGH ROAD
CITY-ST-ZIP RICHMOND VA 23233

TITLE V ☒ DELETE
NAME PILKINGTON, DALE H
STREET ADDRESS 9220 FETLOCK DR
CITY-ST-ZIP MECHANICSVILLE VA 23116

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME WRIGHT, RICHARD
1.3 STREET ADDRESS 9 FOXMERE DRIVE
1.4 CITY-ST-ZIP RICHMOND, VA 23228

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME YEDINY, JOHN
3.3 STREET ADDRESS 187 HILLSIDE LANE
3.4 CITY-ST-ZIP SUMMER SET, PA 15501

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME TRAPANI, KEVIN
4.3 STREET ADDRESS 102 HUNTINGTON DRIVE
4.4 CITY-ST-ZIP CHAPEL HILL, NC 27514

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Edward Desch **EDWARD DESCH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99
Date

804-327-1700
Daytime Phone #

CR2E034 (1/98)