2001 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2001 8:00 am Secretary of State **DOCUMENT # P05127** 1: Entity Name FRONT ROYAL INSURANCE COMPANY 03-20-2001 90013 034 ***150.00 Mailing Address Principal Place of Business 9201 FOREST HILL AVENUE P.O. BOX 85122 RICHMOND VA 23285-5122 SUITE 200 C0035567 RICHMOND VA 23235-3053 us 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 34-1266871 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. 11. ☐ Change \overline{PD} TITLE ☐ Delete TITLE Earhart, Steven P. LATHAM, JOHN K. NAME 9201 Porest Hill Ave. STE 107 NAME STREET ADDRESS STREET ADDRESS **46 E SQUARE LANE** Richmond, JA RICHMOND VA 23233 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change ABRAM, JONATHAN A. NAME NAME STREET ADDRESS 109 CATAWBA COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHAPEL HILL NC ☐ Change ☐ Addition Delete_ TITLE TITLE DAVIS, GREGG T. NAME NAME 4804 GREENPOINT LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLY SPRINGS NO V D ☐ Delete TITI F ☐ Change Addition TITLE DESCH. EDWARD NAME NAME 1615 HARBOROUGH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHMOND VA 23233 ☐ Change ☐ Addition TITLE TITLE ☐ Delete TRAPANI, KEVIN A NAME NAME STREET ADDRESS STREET ADDRESS **2801 SLATER RD STE 110** CITY-ST-ZIP CITY-ST-ZIP MORRISVILLE NC 27560 Change ☐ Addition D Delete TITLE TITLE YEDINY, JOHN NAME NAME STREET ADDRESS 187 HILLSIDE LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOMER SET PA 15501

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

SIGNATURE: _

3-12-01 814-327-1759
Date Davisone Phone #

FILED