2025 FLORIDA PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F31702

Entity Name: OLD DOMINION INSURANCE COMPANY

FILED
Feb 03, 2025
Secretary of State
1274544580CR

Current Principal Place of Business:

4601 TOUCHTON ROAD EAST
SUITE 3400
JACKSONVILLE, FL 32246

Current Mailing Address:

4601 TOUCHTON ROAD EAST
SUITE 3400
JACKSONVILLE, FL 32246 US

FEI Number: 59-2070420

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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: CHIEF FINANCIAL OFFICER 02/03/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY, DIRECTOR
Name	POWELL, LAUREN K
Address	6000 AMERICAN PARKWAY
City-State-Zip:	MADISON WI 53783

Title	ASST. TREASURER
Name	FREITAS, JOSEPH D.
Address	4601 TOUCHTON ROAD EAST SUITE 3400
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	VAUGHN, RICHARD C.
Address	4601 TOUCHTON ROAD EAST SUITE 3400
City-State-Zip:	JACKSONVILLE FL 32246

Title	ASST. TREASURER
Name	GRASEE, KARI E
Address	6000 AMERICAN PARKWAY
City-State-Zip:	MADISON WI 53783

Title	PRESIDENT, DIRECTOR
Name	LISTAU, CHRISTOPHER R
Address	4601 TOUCHTON ROAD EAST SUITE 3400
City-State-Zip:	JACKSONVILLE FL 32246

Title	DIRECTOR
Name	SWALVE, JEFFREY J
Address	6000 AMERICAN PARKWAY
City-State-Zip:	MADISON WI 53783

Title	ASST. TREASURER
Name	SCHRADER, PETER H
Address	4601 TOUCHTON ROAD EAST SUITE 3400
City-State-Zip:	JACKSONVILLE FL 32246

Title	TREASURER, DIRECTOR
Name	VAN BEEK, TROY P
Address	6000 AMERICAN PARKWAY
City-State-Zip:	MADISON WI 53783

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAUREN K POWELL SECRETARY 02/03/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASST. TREASURER
Name	SZTUCZKO, THERESA K
Address	6000 AMERICAN PARKWAY
City-State-Zip:	MADISON WI 53783

Title	ASST. SECRETARY
Name	FAUST, CODY C
Address	6000 AMERICAN PARKWAY
City-State-Zip:	MADISON WI 53783