

SCC eFile

2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

216501870

1.) CORPORATION NAME:

AVEMCO INSURANCE COMPANY

DUE DATE: **2/29/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS, INC.
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0153132**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	858

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8490 PROGRESS DRIVE
STE 100

CITY/ST/ZIP: FREDERICK, MD 21701

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MICHAEL DONOVAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	13403 NORTHWEST FREEWAY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77040		

NAME:	MICHAEL J ADAMS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	411 AVIATION WAY		
CITY/ST/ZIP/CO:	SUITE 100 FREDERICK, MD 21701		

NAME:	STEPHEN MACDONOUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/CFO		
ADDRESS:	13403 NORTHWEST FWY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77040		

NAME:	RANDY D RINICELLA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	13403 NORTHWEST FRWY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77040		

NAME:	JONATHAN LEE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	13403 NORTHWEST FWY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77040		

NAME:	MICHAEL J SCHELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	13403 NORTHWEST FWY		
CITY/ST/ZIP/CO:	HOUSTON, TX 77040		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALEXANDER LUDLOW SECRETARY 13403 NORTHWEST FREEWAY HOUSTON, TX 77040	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRAD T IRICK DIRECTOR 13403 NORTHWEST FREEWAY HOUSTON, TX 77040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAMELA J PENNY DIRECTOR 13403 NORTHWEST FREEWAY HOUSTON, TX 77040	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL J ADAMS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL J ADAMS, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	1/8/2016 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			