

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90563 048 ***150.00

DOCUMENT # 289278

1. Entity Name
AMERICAN FAMILY HOME INSURANCE COMPANY



Principal Place of Business
**1300 GULF LIFE DR.
SUITE 1300
JACKSONVILLE, FL 32207**

Mailing Address
**7000 MIDLAND BLVD.
AMELIA, OH 45102-2607 US**

DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
31-0711074

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SVP
NAME	HAYDEN, THOMAS R
STREET ADDRESS	7000 MIDLAND BLVD.
CITY-ST-ZIP	AMELIA, OH 45102
TITLE	VS
NAME	FLOWERS, MICHAEL L
STREET ADDRESS	7000 MIDLAND BLVD.
CITY-ST-ZIP	AMELIA, OH 45102
TITLE	VT
NAME	TIERNEY, JAMES P
STREET ADDRESS	7000 MIDLAND BLVD.
CITY-ST-ZIP	AMELIA, OH 45102
TITLE	VP
NAME	BOBERG, KENNETH
STREET ADDRESS	7000 MIDLAND BLVD.
CITY-ST-ZIP	AMELIA, OH 45102
TITLE	V
NAME	HILLIARD, ROBERT E
STREET ADDRESS	7000 MIDLAND BLVD
CITY-ST-ZIP	TAMPA, FL
TITLE	CP
NAME	HAYDEN, JOHN W
STREET ADDRESS	7000 MIDLAND BLVD.
CITY-ST-ZIP	AMELIA, OH 45102

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James P. Tierney **JAMES P. TIERNEY** 4/21/2005 (513) 947-5289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #