

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90203 002 ***150.00

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01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-2624826	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # 827050
1. Entity Name
COMPASS INSURANCE COMPANY



Principal Place of Business 709 CURTIS STREET MIDDLETOWN, OH 45044-3999 US	Mailing Address 709 CURTIS STREET MIDDLETOWN, OH 45044-3999 US
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DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
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
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACHE, ERNEST J JR. 709 CURTIS STREET MIDDLETOWN, OH 450443999
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PLYE, JOSEPH W 703 CURTIS ST MIDDLETOWN, OH 45044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SEITZ, THOMAS W 709 CURTIS STREET MIDDLETOWN, OH 45044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: THOMAS W. SEITZ 1/3/07 513-425-5962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #