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Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P18964**

(7)

1. Corporation Name

OHIO INDEMNITY COMPANY

Principal Place of Business

**20 E BROAD ST
4TH FLOOR
COLUMBUS OH 43215**

Mailing Address

**20 E BROAD ST
4TH FLOOR
COLUMBUS OH 43215**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1988

4. FEI Number

31-0620146

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SOKOL, SIMON**
STREET ADDRESS **20 E BROAD ST, 4TH FLOOR**
CITY-ST-ZIP **COLUMBUS OH**

TITLE **D** ☐ DELETE

NAME **LUSTNAUER, MILTON O**
STREET ADDRESS **3391 STONEHEDGE COURT**
CITY-ST-ZIP **COLUMBUS OH**

TITLE **STD** ☐ DELETE

NAME **CRESS, SALLY J.**
STREET ADDRESS **20 E BROAD ST, 4TH FLOOR**
CITY-ST-ZIP **COLUMBUS OH**

TITLE **VPD** ☐ DELETE

NAME **DAVIS, JAMES R**
STREET ADDRESS **20 EAST BROAD STREET, 4TH FL**
CITY-ST-ZIP **COLUMBUS OH**

TITLE **VPD** ☐ DELETE

NAME **SOKOL, JOHN S**
STREET ADDRESS **20 EAST BROAD STREET, 4TH FL**
CITY-ST-ZIP **COLUMBUS OH**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John S. Sokol

2-21-98

(614) 228-2800

CR2E034 (10/97)