

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P18964

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

FILED  
Feb 10, 1999 8:00am  
Secretary of State

02-10-1999 90031 017 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1988

4. FEI Number

31-0620146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE D  
NAME LUSTNAUER, MILTON O  
STREET ADDRESS 3391 STONEHEDGE COURT  
CITY-ST-ZIP COLUMBUS OH ☐ DELETE

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

TITLE VPD  
NAME DAVIS, JAMES R  
STREET ADDRESS 20 EAST BROAD STREET, 4TH FL  
CITY-ST-ZIP COLUMBUS OH ☐ DELETE

TITLE VPD  
NAME SOKOL, JOHN S  
STREET ADDRESS 20 EAST BROAD STREET, 4TH FL  
CITY-ST-ZIP COLUMBUS OH ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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, with all other like empowered.

SIGNATURE:

Sally J. Cress

Date

4/21/99

Daytime Phone #

800-628-8581

CR2E034 (11/98)