

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P18964

1. Entity Name
OHIO INDEMNITY COMPANY



REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 21 PM 3:11

Principal Place of Business
250 E. BROAD STREET
TENTH FLOOR
COLUMBUS, OH 43215

Mailing Address
250 E. BROAD STREET
TENTH FLOOR
COLUMBUS, OH 43215

700060854797
10/21/05--01030--007--**150.00



2. Principal Place of Business

3. Mailing Address

10062005 REIN-P CR2E098 (6/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
31-0620146

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

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

City

FL

Zip Code

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.

BABARA A. BURKE
SPECIAL ASSISTANT SECRETARY

10-1805

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 January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SOKOL, SIMON
STREET ADDRESS 250 E. BROAD STREET - 10TH FLOOR
CITY-ST-ZIP COLUMBUS, OH 43215

TITLE ☐ Change ☒ Addition
NAME Matt Nolan, CFO
STREET ADDRESS 250 E Broad Street, 10th Floor
CITY-ST-ZIP Columbus, Ohio 43215

TITLE ☐ Delete
NAME STEPHAN, DANIEL J
STREET ADDRESS 250 E. BROAD STREET - 10TH FLOOR
CITY-ST-ZIP COLUMBUS, OH 43215

TITLE ☐ Change ☒ Addition
NAME Saul Sokol, Director
STREET ADDRESS 250 E Broad Street, 10th Floor
CITY-ST-ZIP Columbus, Ohio 43215

TITLE ☒ Delete
NAME CRESS, SALLY J.
STREET ADDRESS 250 E. BROAD STREET - 10TH FLOOR
CITY-ST-ZIP COLUMBUS, OH 43215

TITLE ☐ Change ☒ Addition
NAME Kenton Bowen, Director
STREET ADDRESS 250 E. Broad Street, 10th Floor
CITY-ST-ZIP Columbus, Ohio 43215

TITLE ☐ Delete
NAME SOKOL, JOHN S
STREET ADDRESS 250 E. BROAD STREET - 10TH FLOOR
CITY-ST-ZIP COLUMBUS, OH 43215

TITLE ☐ Change ☒ Addition
NAME William Sheley, Director
STREET ADDRESS 250 E. Broad Street, 10th Floor
CITY-ST-ZIP Columbus, Ohio 43215

TITLE ☐ Delete
NAME TOTH, STEPHEN J
STREET ADDRESS 250 E. BROAD STREET - 10TH FLOOR
CITY-ST-ZIP COLUMBUS, OH 43215

TITLE ☐ Change ☒ Addition
NAME Douglas Borrer, Director
STREET ADDRESS 250 E. Broad Street, 10th Floor
CITY-ST-ZIP Columbus, Ohio 43215

TITLE ☐ Delete
NAME WALTER, MATTHEW
STREET ADDRESS 250 E. BROAD STREET - 10TH FLOOR
CITY-ST-ZIP COLUMBUS, OH 43215

TITLE ☐ Change ☒ Addition
NAME Daniel Harkins, Director
STREET ADDRESS 250 E. Broad Street, 10th Floor
CITY-ST-ZIP Columbus, Ohio 43215

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATT NOLAN

Date

Daytime Phone #

10/14/05 614-220-

5207