

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90186 044 ***150.00

DOCUMENT # P18964

1. Entity Name
OHIO INDEMNITY COMPANY



400000 -

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

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262007

Chg-P

CR2E034 (12/06)

4. FEI Number
31-0620146

Applied For
Not Applicable

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD Director
Saul Sokol
250 E Broad St, 10th FL
Columbus, OH 43215** ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Kent Bowen
250 E Broad St, 10th FL
Columbus, OH 43215** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
NOLAN, MATT
250 E. BROAD STREET - 10TH FLOOR
COLUMBUS, OH 43215** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Dug Borrer
250 E Broad St, 10th FL
Columbus, OH 43215** ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Daniel Harkins
250 E. Broad St, 10th FL
Columbus, OH 43215** ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Stephen Close
250 E. Broad St, 10th FL
Columbus, OH 43215** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/2007

(614) 220-5208

Date

Daytime Phone #