2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2020
Secretary of State
3915503637CC

DOCUMENT# F03000001378

Entity Name: MOTORISTS LIFE INSURANCE COMPANY

Current Principal Place of Business:

471 EAST BROAD STREET
COLUMBUS, OH 43215

Current Mailing Address:

471 EAST BROAD STREET
COLUMBUS, OH 43215

FEI Number: 31-0717055

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CFO
Name	HOWAT, J. CHRISTOPHER
Address	471 EAST BROAD STREET
City-State-Zip:	COLUMBUS OH 43215

Title	PRESIDENT
Name	AGAN, MICHAEL J
Address	471 EAST BROAD STREET
City-State-Zip:	COLUMBUS OH 43215

Title	CEO, DIRECTOR
Name	OBROKTA, JR, THOMAS J JR.
Address	471 EAST BROAD STREET
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	STAPLETON, CHARLES D
Address	471 EAST BROAD STREET
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	KAUFMAN, DAVID L
Address	471 EAST BROAD STREET
City-State-Zip:	COLUMBUS OH 43215

Title	SECRETARY
Name	MOORE, MARCHELLE E
Address	471 EAST BROAD STREET
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	BURTON, GREGORY A
Address	471 EAST BROAD STREET
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	WISEMAN, MICHAEL L
Address	471 EAST BROAD STREET
City-State-Zip:	COLUMBUS OH 43215

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARCHELLE E. MOORE SECRETARY 03/16/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HARBRECHT, SANDRA W
Address	471 EAST BROAD STREET
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	BROWN, YVETTE MCGEE
Address	471 EAST BROAD STREET
City-State-Zip:	COLUMBUS OH 43215