

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000005392

**Entity Name:** CENTRAL MUTUAL INSURANCE COMPANY**Current Principal Place of Business:**800 SOUTH WASHINGTON STREET  
VAN WERT, OH 45891**Current Mailing Address:**800 SOUTH WASHINGTON STREET  
VAN WERT, OH 45891**FEI Number:** 34-4202560**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 VP, SECRETARY, DIRECTOR,  
OFFICER  
Name BUHL, EDWARD R  
Address 9417 STEPHANIE LANE  
City-State-Zip: VAN WERT OH 45891

Title OFFICER  
Name WASSON, CHRISTOPHER E  
Address 1 WARREN ROAD  
City-State-Zip: VAN WERT OH 45891

Title CHAIRMAN, PRESIDENT, DIRECTOR,  
OFFICER  
Name PURMORT, FRANCIS W III  
Address 9 WARREN ROAD  
City-State-Zip: VAN WERT OH 45891

Title OFFICER  
Name GLASSER, JAMES F  
Address 18 ATLANTIC AVE  
UNIT 1  
City-State-Zip: BEVERLY MA 01915

Title DIRECTOR  
Name KEARNEY, THOMAS B  
Address 303 UMPAWAUG ROAD  
City-State-Zip: WEST REDDING CT 06896

Title DIRECTOR  
Name NOONAN, EDWARD J  
Address 4 TURNBERRY WAY  
City-State-Zip: NEW HOPE PA 18938

Title OFFICER  
Name EIKENBARY, THAD R  
Address 1063 GARFIELD STREET  
City-State-Zip: VAN WERT OH 45891

Title OFFICER  
Name GUTH, MICHAEL P  
Address 9318 FOXWOOD PASSAGE  
City-State-Zip: FORT WAYNE IN 46835

**Continues on page 2**

*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: CHRISTOPHER WASSON****GENERAL COUNSEL****03/16/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name HURLESS, CYNTHIA M  
Address 1274 MADISON BLVD  
City-State-Zip: VAN WERT OH 45891

Title OFFICER  
Name MOORE, S. K.  
Address 3202 WICKS CREEK TRAIL  
City-State-Zip: MARIETTA GA 30026

Title OFFICER  
Name RINGWALD, JANA L  
Address 1166 SOUTH WALNUT STREET  
City-State-Zip: VAN WERT OH 45891

Title DIRECTOR  
Name COVINGTON, J LEE  
Address 1645 1ST PLACE  
City-State-Zip: MCLEAN VA 22101

Title OFFICER  
Name GLENN, T CHAD  
Address 9N098 CORRON RD  
City-State-Zip: ELGIN IL 60124

Title OFFICER  
Name SIMPSON, TODD E  
Address 5720 BAILEY CT  
City-State-Zip: FT WAYNE IN 46835

Title OFFICER  
Name JACKSON, PATRICK J  
Address 1337 WILLOW RIDGE LANE  
City-State-Zip: VAN WERT OH 45891

Title OFFICER  
Name RAUCH, TIMOTHY L  
Address 11751 HARRISBURG DRIVE  
City-State-Zip: FRISCO TX 75035

Title OFFICER  
Name WHITE, JOHN E  
Address 1090 MADISON BLVD  
City-State-Zip: VAN WERT OH 45891

Title OFFICER  
Name FAUROUTE, BENJAMIN S  
Address 969 YORKTOWN ROAD  
City-State-Zip: DECATUR IN 46733

Title OFFICER  
Name MANSFIELD, STEVEN  
Address 12020 EDEN LN  
City-State-Zip: FRISCO TX 75033

Title OFFICER  
Name ETZLER, SCOTT ALLEN  
Address 8889 BERGNER  
City-State-Zip: VAN WERT OH 45891