

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18964

Entity Name: OHIO INDEMNITY COMPANY**Current Principal Place of Business:**250 E. BROAD STREET
SEVENTH FLOOR
COLUMBUS, OH 43215**Current Mailing Address:**250 E. BROAD STREET
SEVENTH FLOOR
COLUMBUS, OH 43215**FEI Number:** 31-0620146**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION
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	PD
Name	SOKOL, JOHN S
Address	250 E BROAD ST 7TH FL
City-State-Zip:	COLUMBUS OH 43215

Title	CFO
Name	NOLAN, MATT
Address	250 E. BROAD STREET - 7TH FLOOR
City-State-Zip:	COLUMBUS OH 43215

Title	EVP
Name	STEPHAN, DANIEL J
Address	250 E. BROAD STREET - 7TH FLOOR
City-State-Zip:	COLUMBUS OH 43215

Title	V
Name	TOTH, STEPHEN J
Address	250 E. BROAD STREET - 7TH FLOOR
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	BOWEN, KENTON
Address	250 E. BROAD STREET SEVENTH FLOOR
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	LOCONTI, ANN MARIE
Address	250 E. BROAD STREET SEVENTH FLOOR
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	PRICE, ROBERT
Address	250 E. BROAD STREET SEVENTH FLOOR
City-State-Zip:	COLUMBUS OH 43215

Title	DIRECTOR
Name	WALTER, MATTHEW
Address	250 E. BROAD STREET SEVENTH FLOOR
City-State-Zip:	COLUMBUS OH 43215

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: MATT NOLAN

CFO

01/14/2014

Electronic Signature of Signing Officer/Director Detail_____
Date