FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:34

DOCUMENT # **801174** **(4)**

1. Corporation Name
AMERICAN HARDWARE MUTUAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
5995 OPUS PARKWAY PO BOX 435 MINNEAPOLIS MN 55440	5995 OPUS PARKWAY PO BOX 435 MINNEAPOLIS MN 55440

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/25/1919
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business — 21: 471 EAST BROAD STREET
22: Suite, Apt. #, etc.
23: City & State: COLUMBUS, OHIO
24: Zip: 43215
25: Country: FRANKLIN

2a. Mailing Address — 26: 471 EAST BROAD STREET
27: Suite, Apt. #, etc.
28: City & State: COLUMBUS, OHIO
29: Zip: 43215
30: Country: FRANKLIN

4. FEI Number: 41-0299900 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	11 TITLE	S/D	☒ Change ☐ Addition
NAME	WHARTON, GARRY L	12 NAME	WHARTON, GARRY L.	
STREET ADDRESS	471 EAST BROAD STREET	13 STREET ADDRESS	471 EAST BROAD STREET	
CITY-ST-ZIP	COLUMBUS OH	14 CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	PD	21 TITLE	C/P/D	☒ Change ☐ Addition
NAME	RABOLD, ROBER E. H.	22 NAME	RABOLD, ROBERT E. H.	
STREET ADDRESS	471 EAST BROAD STREET	23 STREET ADDRESS	471 EAST BROAD STREET	
CITY-ST-ZIP	COLUMBUS OH	24 CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	VTD	31 TITLE	T/D	☒ Change ☐ Addition
NAME	WISEMAN, MICHAEL L.	32 NAME	WISEMAN, MICHAEL L.	
STREET ADDRESS	471 EAST BROAD STREET	33 STREET ADDRESS	471 EAST BROAD STREET	
CITY-ST-ZIP	COLUMBUS OH	34 CITY-ST-ZIP	COLUMBUS OH 43215	
TITLE	D	41 TITLE	V/D	☐ Change ☒ Addition
NAME	DEKKER, ALAN N	42 NAME	OGG, THOMAS C.	
STREET ADDRESS	471 EAST BROAD STREET	43 STREET ADDRESS	5995 OPUS PARKWAY	
CITY-ST-ZIP	COLUMBUS OH	44 CITY-ST-ZIP	MINNETONKA MN 55343	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	LEMON, DAVID W	52 NAME		
STREET ADDRESS	5995 OPUS PARKWAY	53 STREET ADDRESS		
CITY-ST-ZIP	MINNETONKA MN	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, BURTIS G	62 NAME		
STREET ADDRESS	415 VALLEY VIEW DR	63 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Robert E. H. Rabold 4/10/95 (614) 225-8381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0995160 CP