

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 801174

1. Corporation Name

AMERICAN HARDWARE MUTUAL INSURANCE COMPANY

Principal Place of Business

471 EAST BROAD STREET
COLUMBUS OH 43215
US

Mailing Address

471 EAST BROAD STREET
COLUMBUS OH 43215
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1919

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE FL 32304

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 807.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V/D
NAME OGG, THOMAS C.
STREET ADDRESS 471 EAST BROAD STREET
CITY-ST-ZIP COLUMBUS OH 43215

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

SD
Bishop, John J.
471 East Broad Street
Columbus OH 43215-3861

☐ Change ☒ Addition

TITLE D
NAME DEKKER, ALAN N.
STREET ADDRESS 4571 LANGPORT ROAD
CITY-ST-ZIP COLUMBUS OH 43214

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VD
Lemon, David W.
5995 Opus Parkway
Minnetonka, MN 55343

☐ Change ☒ Addition

TITLE D
NAME TAYLOR, BURTIS G.
STREET ADDRESS 3122 EAST PEBBLE CREEK DR.
CITY-ST-ZIP AVON PARK FL 33825

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE CPD
NAME RABOLD, ROBERT E.H.
STREET ADDRESS 471 E. BROAD ST.
CITY-ST-ZIP COLUMBUS OH

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME WHARTON, GARRY L.
STREET ADDRESS 471 E. BROAD ST.
CITY-ST-ZIP COLUMBUS OH

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME WISEMAN, MICHAEL L.
STREET ADDRESS 471 E. BROAD ST.
CITY-ST-ZIP COLUMBUS OH

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Michael L. Wiseman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/99

614-225-6022

Date

Daytime Phone #

CR2E034 (11/98)