

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 801174

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 41-0299900

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Secretary/Director
NAME Ogg, Thomas C.
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Columbus, OH 43220 ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE CEO/Director
NAME Rabold, Robert E.H.
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME BISHOP, JOHN J
STREET ADDRESS 471 E. BROAD ST.
CITY-ST-ZIP COLUMBUS OH 43215-3861 ☐ Delete

TITLE President/Director
NAME Bishop, John J.
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael L. Wiseman

Michael L. Wiseman

3/9/01 614-225-6022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

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