

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 801174

FILED
Feb 27, 2006
Secretary of State

Entity Name: AMERICAN HARDWARE MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

471 EAST BROAD STREET
COLUMBUS, OH 43215 US

New Principal Place of Business:

Current Mailing Address:

471 EAST BROAD STREET
COLUMBUS, OH 43215 US

New Mailing Address:

FEI Number: 41-0299900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: OGG, THOMAS C
Address: 471 EAST BROAD STREET
City-St-Zip: COLUMBUS, OH 43215

Title: D () Delete
Name: DEKKER, ALAN N
Address: 4571 LANGPORT ROAD
City-St-Zip: COLUMBUS, OH 43220

Title: D () Delete
Name: TAYLOR, BURTIS G
Address: 3122 EAST PEBBLE CREEK DR.
City-St-Zip: AVON PARK, FL 33825

Title: D () Delete
Name: RABOLD, ROBERT E.H.
Address: 466 DELEGATE DR
City-St-Zip: COLUMBUS, OH 43235

Title: PCED () Delete
Name: BISHOP, JOHN J
Address: 471 E. BROAD ST.
City-St-Zip: COLUMBUS, OH 432153861

Title: TD () Delete
Name: WISEMAN, MICHAEL L
Address: 471 E. BROAD ST.
City-St-Zip: COLUMBUS, OH 432153861

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL L WISEMAN

TREA

02/27/2006

Electronic Signature of Signing Officer or Director

Date