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

APPROVED AND FILED

95 FEB 28 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **804397** **(8)**

1. Corporation Name
CENTRAL MUTUAL INSURANCE COMPANY

Principal Place of Business	Mailing Address
800 SOUTH WASHINGTON STREET VAN WERT OH 45891	800 SOUTH WASHINGTON STREET VAN WERT OH 45891

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/18/1935**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **34-4202560** ☐ 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 OF FLORIDA
CAPITOL BLDG.
TALLAHASSEE FL 53130

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	PURMORT, F.W. JR..	1.2 NAME	PURMORT, F. W. III	
STREET ADDRESS	9 WARREN ROAD	1.3 STREET ADDRESS	360 E. ERVIN RD	
CITY-ST-ZIP	VAN WERT OH	1.4 CITY-ST-ZIP	VAN WERT, OH 45891	
TITLE	V	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	BUHL, EDWARD R	2.2 NAME	BUHL, EDWARD R.	
STREET ADDRESS	STEPHANIE LANE	2.3 STREET ADDRESS	9417 STEPHANIE LN	
CITY-ST-ZIP	VAN WERT OH	2.4 CITY-ST-ZIP	VAN WERT, OH 45891	
TITLE	SD	3.1 TITLE		☒ Change ☐ Addition
NAME	PURMORT, F.W. III	3.2 NAME	DELETE ITEM	
STREET ADDRESS	360 E ERVIN ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	VAN WERT OH	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	THATCHER, G.D.	4.2 NAME	THATCHER, G. D.	
STREET ADDRESS	303 LINDA STREET	4.3 STREET ADDRESS	1133 CHARLOTE CIR	
CITY-ST-ZIP	VAN WERT OH	4.4 CITY-ST-ZIP	VAN WERT, OH 45891	
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	WAITE, K. A	5.2 NAME		
STREET ADDRESS	1217 DAVID ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	VAN WERT OH	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: _____ **PRESIDENT** **2/22/95** **(419) 238-1010**
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
F. W. PURMORT, III

PN