FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

CENTRAL MUTUAL INSURANCE COMPANY

Principal Place of Business

800 SOUTH WASHINGTON STREET
VAN WERT OH 45891

Mailing Address

800 SOUTH WASHINGTON STREET
VAN WERT OH 45891

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **04/18/1935**

3a. Date of Last Report: **02/28/1995**

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 [X] 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 Section 607.0505, 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. Signature of a corporate officer or director, or a trustee if the corporation is a trust, or the appointment as registered agent. I am familiar with and accept the obligations of such position, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	[ ] DELETE	TITLE PD	[X] Change	[ ] Add/Delete
NAME	PURMORT, F.W. JR..		NAME F. W. PURMORT, III		
STREET ADDRESS	360 E ERVIN RD		STREET ADDRESS 360 E. ERVIN RD.		
CITY, ST, ZIP	VAN WERT OH		CITY, ST, ZIP VAN WERT OH 45891		
TITLE	SD	[ ] DELETE	TITLE	[ ] Change	[ ] Add/Delete
NAME	BUHL, EDWARD R		NAME		
STREET ADDRESS	9417 STPHANIE LANE		STREET ADDRESS		
CITY, ST, ZIP	VAN WERT OH		CITY, ST, ZIP		
TITLE	TD	[ ] DELETE	TITLE	[ ] Change	[ ] Add/Delete
NAME	THATCHER, G.D.		NAME		
STREET ADDRESS	1133 CHARLOTE CIR		STREET ADDRESS		
CITY, ST, ZIP	VAN WERT OH		CITY, ST, ZIP		
TITLE	V	[ ] DELETE	TITLE	[ ] Change	[ ] Add/Delete
NAME	WAITE, K. A		NAME		
STREET ADDRESS	1217 DAVID ST		STREET ADDRESS		
CITY, ST, ZIP	VAN WERT OH		CITY, ST, ZIP		
TITLE		[ ] DELETE	TITLE	[ ] Change	[ ] Add/Delete
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		[ ] DELETE	TITLE	[ ] Change	[ ] Add/Delete
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied on this form is accurate, and I am duly authorized to execute this report, for the corporation as set forth in Section 607.0505, Florida Statutes. I further certify that the information indicated on this annual 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 or another person authorized to execute the report pursuant to Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an asterisk.

SIGNATURE: _____, PRESIDENT 3/25/96 (419) 238-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. W. PURMORT, III