

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90022 005 \*\*\*150.00

**DOCUMENT # 806069**

1. Entity Name

WEST AMERICAN INSURANCE COMPANY



Principal Place of Business

9450 SEWARD ROAD  
FAIRFIELD, OH 45014 US

Mailing Address

WEST AMERICAN INSURANCE CO.  
9450 SEWARD ROAD  
FAIRFIELD, OH 45014 US

**50055215**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

31-0624491

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CEOP  
CARMICHAEL, DAN R  
9450 SEWARD ROAD  
FAIRFIELD, OH 45014 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SVP  
SLONEKER, HOWARD L III  
9450 SEWARD ROAD  
FAIRFIELD, OH 45014 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
EVP  
RICZKO, ELIZABETH  
9450 SEWARD ROAD  
FAIRFIELD, OH 45014 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Pres. of Ins. Operations ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SVP  
WINNER, MICHAEL A  
9450 SEWARD ROAD  
FAIRFIELD, OH 45014 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Exec. V.P. & CFO ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SVPS  
CRANE, DEBRA  
9450 SEWARD ROAD  
FAIRFIELD, OH 45014 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
C  
PONTIUS, STANLEY N  
300 HIGH STREET  
HAMILTON, OH 45011 ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-05

Date

513-603-2245

Daytime Phone #

ATTACHMENT 50055215  
#806069  
West American Insurance Company

July 5, 2005

Divisions of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

RE: 2005 Profit Corporation Annual Report – West American Insurance Company

To Whom It May Concern:

We have received your notice regarding our 2005 Annual Report and \$150.00 fee. Our check and form were mailed from our office on April 12, 2005. However, when the check was entered into our system to be processed, an incorrect vendor number was used and the check was made payable and mailed to the incorrect vendor.

We are enclosing a copy of the original check request, a copy of the audit from our computer system along with our Annual Report and check for \$150.00. Because our Department was in compliance with the filing date when the form and check request was processed in our area, we are asking the \$400.00 penalty we waived.

Should you have questions, please contact me at 513-603-2272.

Sincerely,



Helen Vale  
Financial Manager

MHV:vr  
Enclosure



MA: 4-12-05  
**Check Request Form (AP - 7B)**

**ATTACHMENT** #806069  
**SEPARATE CHECK**

ATTACH ALL ORIGINAL SUPPORTING DOCUMENTS

<input type="checkbox"/> Ohio Casualty (OCIC)(01)	<input type="checkbox"/> Ohio Security (02)	<input checked="" type="checkbox"/> West American (04)	<input type="checkbox"/> Avomark (08)
<input type="checkbox"/> American Fire & Cas. (06)	<input type="checkbox"/> OCNJ (10)	<input type="checkbox"/> OC Corporation (90)	

Payable to: Florida Department of State

Amount: \$150.00

Complete address: Division of Corporations  
P.O. Box 1500  
(Required)

DATE

4-11-05

Vendor Number:

R4664

City Tallahassee

State

FL

Zip

32302-1500

Payee's TIN/SS#:

(If applicable for 1099 payment)

Invoice/Policy # ~~Document~~ #806069

Check Description Code

Purchase Order #

Business Purpose For Payment 2005 Profit Corp. (Annual Report) Assessment

(Attach all original supporting documentation)

**Mailing Instructions:**

☐ Mail - Check Only

☒ Mail with attached remittance

☐ DHL

☐ Mail in attached envelope

☐ Other:

MAR

ORIGINAL DOCUMENT 163792  
MAILED WITH CHECK

Date: 4/6/2005

Department # 8307

Charge to Department # 5000

Sent copy to Charged Department:

☐ See Attached

Requested By:

Vickie Rhodus  
Signature

Vickie Rhodus

Printed Name

VRI

RACF

Approved By:

Helen Vale  
Signature

Helen Vale

Printed Name

MHM

RACF

**BOTTOM PORTION TO BE COMPLETED BY THE TREASURY DEPARTMENT**

Voucher #

157235

Batch #

09807

351 Voucher #

Use Tax State/ /\$

Dis. % Amt

1099 Code/Amt /\$

5930900	04500000	\$150.00
Account	Center	Amount
Subledger G / 921	Description:	
Account	Center	\$ Amount
Subledger /	Description:	
Account	Center	\$ Amount
Subledger /	Description:	

APR 07 2005

## ATTACHMENT 1

ON CQUBR

AUD, AUDITS, BY LOCATION & VENDOR  
VENDOR NAME DIST AMTPAID BATCH CHECK  
DATE NBR NUMBER  
041205 Q9807 21279662

LOWRY & ASSOCIATES I	150.00
2	150.00
1	150.00
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*	150.00

*50055315*  
*#806069*

RECORDS 1 TO 1 OF 1 06/29/05 11:36:58 1 M3LL CIC4 \_\_\_\_\_