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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **807894** **(1)**

1. Corporation Name
OHIO FARMERS INSURANCE COMPANY

Principal Place of Business	Mailing Address
ONE PARK CIRCLE P.O. BOX 5001 WESTFIELD CENTER OH 44251-2001	ONE PARK CIRCLE P.O. BOX 5001 WESTFIELD CENTER OH 44251-5001

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

3. Date Incorporated or Qualified: **05/03/1949**
3a. Date of Last Report: **03/04/1996**
4. FEI Number: **34-0438190** ☐ 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
THE CAPITOL
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROICH, LARRY D	1.2 NAME	
STREET ADDRESS	8994 POMANDER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD CENTER OH	1.4 CITY-ST-ZIP	
TITLE	VT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BOSSHARD, OTTO	2.2 NAME	
STREET ADDRESS	6666 GREENWICH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD CENTER OH	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DAUGHERTY, A KENT	3.2 NAME	
STREET ADDRESS	1095 SOUTHPORT DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEDINA OH	3.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	4.1 TITLE	PDC ☒ Change ☐ Addition
NAME	BLAIR, R C	4.2 NAME	
STREET ADDRESS	3382 HARDWOOD HOLLOW	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEDINA OH	4.4 CITY-ST-ZIP	
TITLE	VS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PICKERING, T.H.	5.2 NAME	
STREET ADDRESS	6711 MCVAY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFIELD CENTER OH	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 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: [signature] Feb. 14, 1997 (330) 887-6459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #