2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 MAR -2 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 807894

1. Entity Name

OHIO FARMERS INSURANCE COMPANY

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 34-0438190 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BROICH, LARRY D 8994 POMANDER DR WESTFIELD CENTER OH	☐ Delete	Senior Executive 400003161364--5 -03/07/00-01102--020 ****150.00	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT BOSSHARD, OTTO 6666 GREENWICH RD WESTFIELD CENTER OH	☒ Delete	****150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DAUGHERTY, A KENT 4120 FOX MEADOW DR MEDINA OH	☐ Delete	Senior Executive	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO BLAIR, R C 3382 HARDWOOD HOLLOW MEDINA OH	☐ Delete	CCEOD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCOO MCMANUS, R W 8801 VIRGINIA DR WESTFIELD CENTER OH 44251	☐ Delete	P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	COOD Joyce, R. J. 6478 Foxglove Drive Medina, OH 44256	☐ Change ☒ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John T. H. Batchelder — Feb. 15, 2000 — (330)887-0980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John T. H. Batchelder