

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90060 043 ***150.00

DOCUMENT # 807894

1. Entity Name
OHIO FARMERS INSURANCE COMPANY

Principal Place of Business

**ONE PARK CIRCLE
P.O. BOX 5001
WESTFIELD CENTER OH 44251-5001
US**

Mailing Address

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE BROICH, LARRY D 8994 POMANDER DR WESTFIELD CENTER OH	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE ADORNETTO, JOHN J 8818 VIRGINIA DRIVE WESTFIELD CENTER OH 44251	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SE DAUGHERTY, A KENT 4120 FOX MEADOW DR MEDINA OH	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCED BLAIR, R C 3382 HARDWOOD HOLLOW MEDINA OH	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMANUS, R W 8801 VIRGINIA DR WESTFIELD CENTER OH 44251	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD JOYCE, R.J. 6478 FOXGLOVE DRIVE MEDINA OH 44256	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Brooks Rorapaugh, Jan. 25, 2002, (330)887-0118

Date

Daytime Phone #

CR2E034 (9/01)

