2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004
Secretary of State

DOCUMENT# 807894

Entity Name: OHIO FARMERS INSURANCE COMPANY

Current Principal Place of Business:

ONE PARK CIRCLE
P.O. BOX 5001
WESTFIELD CENTER, OH 442515001 US

New Principal Place of Business:

Current Mailing Address:

ONE PARK CIRCLE
P.O. BOX 5001
WESTFIELD CENTER, OH 442515001 US

New Mailing Address:

FEI Number: 34-0438190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	SE	( ) Delete
Name:	CARPETNER, D P	
Address:	3371 DEER CREEK TRAIL	
City-St-Zip:	RICHFIELD, OH 44286	
Title:	SE	( ) Delete
Name:	ADORNETTO, JOHN J	
Address:	8818 VIRGINIA DRIVE	
City-St-Zip:	WESTFIELD CENTER, OH 44251	
Title:	SE	( ) Delete
Name:	DAUGHERTY, A KENT,	
Address:	4120 FOX MEADOW DR	
City-St-Zip:	MEDINA, OH	
Title:	CCED	( ) Delete
Name:	BLAIR, R C,	
Address:	3382 HARDWOOD HOLLOW	
City-St-Zip:	MEDINA, OH	
Title:	P	( ) Delete
Name:	MCMANUS, R W	
Address:	8801 VIRGINIA DR	
City-St-Zip:	WESTFIELD CENTER, OH 44251	
Title:	COOD	( ) Delete
Name:	JOYCE, R.J.	
Address:	6478 FOXGLOVE DRIVE	
City-St-Zip:	MEDINA, OH 44256	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CCEO	(X) Change ( ) Addition
Name:	JOYCE, ROBERT J	
Address:	6478 FOXGLOVE DRIVE	
City-St-Zip:	MEDINA, OH 44256	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SEC	(X) Change ( ) Addition
Name:	BATCHELDER, JOHN T	
Address:	516 EAST LIBERTY STREET	
City-St-Zip:	MEDINA, OH 44256	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN T. H. BATCHELDER SEC 01/28/2004

Electronic Signature of Signing Officer or Director — Date