

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807894

FILED
Feb 24, 2009
Secretary of State

Entity Name: OHIO FARMERS INSURANCE COMPANY

Current Principal Place of Business:

ONE PARK CIRCLE
WESTFIELD CENTER, OH 442515001 US

New Principal Place of Business:

ONE PARK CIRCLE
LEGAL DEPARTMENT
WESTFIELD CENTER, OH 442515001 US

Current Mailing Address:

ONE PARK CIRCLE
WESTFIELD CENTER, OH 442515001 US

New Mailing Address:

ONE PARK CIRCLE
LEGAL DEPARTMENT
WESTFIELD CENTER, OH 442515001 US

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: P () Delete
Name: CLAY, JAMES R
Address: 6661 SMUCKER DRIVE
City-St-Zip: WESTFIELD CENTER, OH 44251

Title: SE () Delete
Name: MACK, HEIDI S
Address: 8677 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: CCEO () Delete
Name: JOYCE, ROBERT J
Address: 6478 FOXGLOVE DRIVE
City-St-Zip: MEDINA, OH 44256

Title: COO () Delete
Name: MCMANUS, R W
Address: 8801 VIRGINIA DR
City-St-Zip: WESTFIELD CENTER, OH 44251

Title: SEC () Delete
Name: CARRINO, FRANK A
Address: 3564 OLD HICKORY LANE
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: SE (X) Change () Addition
Name: BESHIRE, BAMBI A
Address: 6775 BALLASH ROAD
City-St-Zip: MEDINA, OH 44256

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: FRANK A. CARRINO

SEC

02/24/2009

Electronic Signature of Signing Officer or Director

Date