

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807894

FILED  
Feb 09, 2012  
Secretary of State

**Entity Name:** OHIO FARMERS INSURANCE COMPANY

**Current Principal Place of Business:**

ONE PARK CIRCLE  
LEGAL DEPARTMENT  
WESTFIELD CENTER, OH 442515001 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE PARK CIRCLE  
LEGAL DEPARTMENT  
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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: CLAY, JAMES R  
Address: 6661 SMUCKER DRIVE  
City-St-Zip: WESTFIELD CENTER, OH 44251

Title: SEC  
Name: CARRINO, FRANK A  
Address: 3564 OLD HICKORY KANE  
City-St-Zip: MEDINA, OH 4425D

Title: SE  
Name: BESHIRE, BAMBI A  
Address: 6775 BALLASH ROAD  
City-St-Zip: MEDINA, OH 44256

Title: PR  
Name: LARGENT, EDWARD J III  
Address: 285 CATAWBA PATH  
City-St-Zip: DOYLESTOWN, OH 44230

Title: TREA  
Name: KOHMANN, JOSEPH C  
Address: 176 BRENT ALLEN DRIVE  
City-St-Zip: WADSWORTH, OH 44281

I hereby 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 all other like empowered.

SIGNATURE: FRANK CARRINO

SEC

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date