

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2002 8:00 am**  
**Secretary of State**

04-15-2002 90018 024 \*\*\*158.50

0606365 AT

**DOCUMENT # F01000001111**

1. Entity Name

**AMERICAN INSURANCE OHIO AGENCY INC.**

Principal Place of Business

Mailing Address

**3070 RIVERSIDE DRIVE  
 COLUMBUS OH 43221**

**3070 RIVERSIDE DRIVE  
 COLUMBUS OH 43221**

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

**31-1258935**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	ZINK, ALAN	
STREET ADDRESS	3070 RIVERSIDE DRIVE	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	AST	<input type="checkbox"/> Delete
NAME	TIBURZIO, NANCY	
STREET ADDRESS	100 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> Delete
NAME	SORRENTINO, JOHN R	
STREET ADDRESS	100 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAPLAN, ARNOL B	
STREET ADDRESS	100 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, CATHERINE	
STREET ADDRESS	ONE LINCOLN CENTER, 18TH FL	
CITY-ST-ZIP	SYRACUSE NY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, RENARD	
STREET ADDRESS	100 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philip J. Super	
STREET ADDRESS	3070 Riverside Drive	
CITY-ST-ZIP	Columbus, OH 43221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Philip J. Super*  
 SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/02

Date

614-340-6131

Daytime Phone #

CR2E034 (9/01)