


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000001111	
1. Entity Name AMERICAN INSURANCE OHIO AGENCY INC.	

Principal Place of Business 3070 RIVERSIDE DRIVE COLUMBUS, OH 43221	Mailing Address 3070 RIVERSIDE DRIVE COLUMBUS, OH 43221
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1258935	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000072386 03/01/04-80109-003 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD ZINK, ALAN 3070 RIVERSIDE DRIVE COLUMBUS, OH
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST TIBURZIO, NANCY 3070 RIVERSIDE DR. COLUMBUS, OH 43221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SORRENTINO, JOHN R 100 BROADWAY NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KAPLAN, ARNOL B 100 BROADWAY NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SUPER, PHILIP J 3070 RIVERSIDE DRIVE COLUMBUS, OH 43221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	2/24/04	(614) 340-6131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Philip J. Super, President & COO		