2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2007
Secretary of State

DOCUMENT# F01000001111

Entity Name: AMERICAN INSURANCE OHIO AGENCY INC.

Current Principal Place of Business:

3070 RIVERSIDE DRIVE
COLUMBUS, OH 43221

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 21090
COLUMBUS, OH 432210090

New Mailing Address:

FEI Number: 31-1258935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	CEOD	( ) Delete
Name:	KREITZBERG, DOUGLAS W	
Address:	1 INTERNATIONAL PLAZA, STE. 400	
City-St-Zip:	PHILADELPHIA, PA 19013	
Title:	TRES	( ) Delete
Name:	WHITEHEAD, JOHN P	
Address:	1 INTERNATIONAL PLAZA, STE. 400	
City-St-Zip:	PHILADELPHIA, PA 19013	
Title:	SD	( ) Delete
Name:	SUPER, PHILIP J	
Address:	3070 RIVERSIDE DRIVE	
City-St-Zip:	COLUMBUS, OH 43221	
Title:	VP	( ) Delete
Name:	KAPLAN, ARNOL B	
Address:	100 BROADWAY	
City-St-Zip:	NEW YORK, NY	

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PHILIP J. SUPER SD 04/21/2007

Electronic Signature of Signing Officer or Director — Date