

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90321 047 ***150.00

DOCUMENT # F02000006012

1. Entity Name
G.U.I.C. INSURANCE COMPANY



Principal Place of Business
**7000 MIDLAND BLVD.
AMELIA, OH 45102**

Mailing Address
**PO BOX 5323
CINCINNATI, OH 45201-5323**



04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-2342976

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	HAYDEN, JOHN W
STREET ADDRESS	7000 MIDLAND BLVD.
CITY-ST-ZIP	AMELIA, OH 45102
TITLE	D
NAME	HAYDEN, JOSEPH P III
STREET ADDRESS	7000 MIDLAND BLVD.
CITY-ST-ZIP	AMELIA, OH 45102
TITLE	D
NAME	VON LEHMAN, JOHN I
STREET ADDRESS	7000 MIDLAND BLVD.
CITY-ST-ZIP	AMELIA, OH 45102
TITLE	VP
NAME	BOBERG, KENNETH G
STREET ADDRESS	7000 MIDLAND BLVD.
CITY-ST-ZIP	AMELIA, OH 45102
TITLE	S
NAME	FLOWERS, MICHAEL
STREET ADDRESS	7000 MIDLAND BLVD.
CITY-ST-ZIP	AMELIA, OH 45102
TITLE	T
NAME	TIERNEY, JAMES P
STREET ADDRESS	7000 MIDLAND BLVD.
CITY-ST-ZIP	AMELIA, OH 45102

**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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

James P. Tierney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04
Date

(513) 947-5289
Daytime Phone #