

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002123

FILED  
Jan 07, 2011  
Secretary of State

Entity Name: O. N. INVESTMENT MANAGEMENT COMPANY

**Current Principal Place of Business:**

ONE FINANCIAL WAY  
CINCINNATI, OH 45242

**New Principal Place of Business:**

**Current Mailing Address:**

ONE FINANCIAL WAY  
CINCINNATI, OH 45242

**New Mailing Address:**

FEI Number: 31-0784369

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SULLIVAN, TIM  
113 S. ARMENIA AVENUE  
TAMPA, FL 33609 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: PD  
Name: HUFFMAN, GARY T  
Address: ONE FINANCIAL WAY  
City-St-Zip: CINCINNATI, OH 45242

Title: DS  
Name: HAVERKAMP, MICHAEL F  
Address: ONE FINANCIAL WAY  
City-St-Zip: CINCINNATI, OH 45242

Title: TD  
Name: TURNER, BARBARA A  
Address: ONE FINANCIAL WAY  
City-St-Zip: CINCINNATI, OH 45242

Title: CCO  
Name: BLEY, JEFFERY A  
Address: ONE FINANCIAL WAY  
City-St-Zip: CINCINNATI, OH 45242

Title: AS  
Name: PLANTE, KIMBERLY  
Address: ONE FINANCIAL WAY  
City-St-Zip: CINCINNATI, OH 45242

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: BARBARA A. TURNER

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01/07/2011

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

\_\_\_\_\_  
Date