

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000780

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Entity Name:** NEACE & ASSOCIATES INSURANCE AGENCY OF OHIO, INC.

**Current Principal Place of Business:**

895 CENTRAL AVENUE  
STE 1100  
CINCINNATI, OH 45202

**New Principal Place of Business:**

**Current Mailing Address:**

895 CENTRAL AVENUE  
STE 1100  
CINCINNATI, OH 45202

**New Mailing Address:**

**FEI Number:** 31-1328852      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LUKENS, JOSEPH  
Address: 895 CENTRAL AVENUE, STE 1100  
City-St-Zip: CINCINNATI, OH 45202

Title: VPST  
Name: BUDDE, GERALD  
Address: 895 CENTRAL AVENUE, STE 1100  
City-St-Zip: CINCINNATI, OH 45202

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: GERALD BUDDE

VPST

03/11/2011

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

\_\_\_\_\_ Date