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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001394 (5)**

1. Corporation Name
GALIC BROTHERS, INC.

Principal Place of Business
580 WALNUT STREET
CINCINNATI OH 45202

Mailing Address
C/O MISCHELL, THOMAS, E
ONE EAST FOURTH STREET, STE 800
CINCINNATI OH 45202
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 **250 EAST FIFTH STREET**	2a. Mailing Address 26	3. Date Incorporated or Qualified **03/18/1994**	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number **31-1391777**	☐ Applied For ☐ Not Applicable
City & State 23 **CINCINNATI, OH**	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 **45202** 25 **US**	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUBAN, KEN **OCEAN REEF CLUB** **31 OCEAN REEF DR., STE C-300** **KEY LARGO FL 33037**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**PD** **FULLER, VICTOR L** **2699 SOUTH BAYSHORE DR., STE 900E** **MIAMI FL** ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition **2699 SOUTH BAYSHORE DR STE 800E** **33133**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**VD** **FULLER, STEPHEN M** **2699 SOUTH BAYSHORE DR., STE 900E** **MIAMI FL** ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition **2699 SOUTH BAYSHORE DR STE 800E** **33133**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**D** **LINTZ, ROBERT C** **1 EAST FOURTH STREET** **CINCINNATI OH** ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition **45202**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**VT** **MANEY, WILLIAM J** **250 EAST 5TH STREET** **CINCINNATI OH** ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition **45202**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**V** **MUETHING, MARK F** **250 EAST 5TH STREET** **CINCINNATI OH** ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition **45202**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**V** **TATE, JEFF S** **250 EAST 5TH STREET** **CINCINNATI OH** ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition **AT** **MISCHELL, THOMAS E** **ONE EAST FOURTH STREET 8TH FLOOR** **CINCINNATI, OH 45202** **45202**

CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas E. Mischell — Thomas E. Mischell — Assistant Treasurer — 4/30/98 — (513) 579-9171