

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90267 001 ***600.00

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1. Entity Name
HUNTINGTON INSURANCE AGENCY SERVICES, INC.



Principal Place of Business
**41 S. HIGH ST
HCO910
COLUMBUS, OH 43287**

Mailing Address
**41 S. HIGH ST
HCO910
COLUMBUS, OH 43287**

66009602



03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1373034	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CASTOR, DAVID
STREET ADDRESS	41 S. HIGH ST.
CITY-ST-ZIP	COLUMBUS, OH 43215

TITLE	S
NAME	MORTON, DANIEL W
STREET ADDRESS	41 S. HIGH ST
CITY-ST-ZIP	COLUMBUS, OH 43287

TITLE	P
NAME	MOORE, MICHAEL D
STREET ADDRESS	3005 EDWARDS ROAD, 3RD FLOOR
CITY-ST-ZIP	CINCINNATI, OH 45209

TITLE	VP
NAME	KANE, EDWARD J
STREET ADDRESS	41 S. HIGH ST. (HCO910)
CITY-ST-ZIP	COLUMBUS, OH 43215

TITLE	VP
NAME	STORY, A. DAWN
STREET ADDRESS	41 S. HIGH ST. (HCO910)
CITY-ST-ZIP	COLUMBUS, OH 43215

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

A. Dawn Story
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 31 2006

Date

614-480-3688
Daytime Phone #