1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9800003441

1. Corporation Name

HUNTINGTON INSURANCE AGENCY, INC.

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90143 041 ***150.00



| Principal Place of Business Mailing Address | | | | | | 1 (\$01180 | 1110 10101 1011 | 40 20 40 | I MR\$II ANINA IIIII NI | |
|---|--|--|-----------------|---|--|-------------------------------------|---|----------------------------------|-----------------------------------|------------------------------|
| 541 BUTTERMILK PIKE - SUITE 301 CRESCENT SPRINGS KY 41017 | | 541 BUTTERMILK PIKE - SUITE 301 CRESCENT SPRINGS KY 41017 | | | | | | • | | |
| | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed | | | | | |
| | | | | | | 06/16/198 | 98 | lualited | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4 | . FEI Number | | | | Applied For |
| 21 | | 26 | | | | 61-131 <u>50</u> | <u>54 </u> | | | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 5. Certifcate of | Status De | sired 🗀 | | Additional Required |
| City & State | e | City & State | | | | S. Election Can | nnaign Fig | ancing _ | \$5.0 | 0 May Be |
| 23 | _ | 28 | | |) ` | Trust Fund (| | - 11 | 7 | d to Fees |
| Zip | Country | Zip | _ Country | | 8 | 3This corpora | | | ear Intangible | |
| 24 | 25 | 29 30 | | | | Personal Pro | | | Yes | □No |
| | 9. Name and Address of Current | Registered Agent | | ,, | 11 | 0. Name and | Address o | f New Regis | tered Agent | |
| | | | 81 | Name | | | | | | • |
| C T CORPORATION SYSTEM | | | 82 | Street | Address (P.O. Box Number is Not Acceptable) | | | | | |
| 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | 83 | | | | | -04- | | |
| | | | | 0.1 | | | | | 85 Zi | p Code |
| | | | 84 | – | | | | | FL | |
| office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State of | Florida Such change was auth | norized by | the corpo | corporati oration's l | on submits this board of directo | statemen ors. I herel | t for the purpo by accept the | ose of changing appointment as | its registered registered |
| agent. I ar | m familiar with, and accept the obligation | ons of, Section 607.0505, Florid | a Statutes | • | | | | | | |
| SIGNATURE | | | egistered Agen | | | indistran | | | ATE | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ref. 12. OFFICERS AND DIRECTORS | | | 13. | i signature n | edolleo wilei | | CHANGES | | RS AND DIREC | TORS IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | D | 713311161167 | <i>,,,,,,,</i> | 10 0111021 | ☐ Chang | |
| NAME | BROWNING, WILLIAM K | - - | 1.2 NAME | | 3 | NBERG, | DICU | יאי מסג | | |
| | TREET ADDRESS 541 BUTTERMILK PIKE - SUITE 301 | | | ADDRESS | | | | | IGTON CE | NTER |
| CITY-ST-ZIP | CRESCENT SPRINGS KY 41017 | ••• | 1.4 CITY-S1 | | 1 | UMBUS. | | | IGTOR CL | MIDIC. |
| TITLE | V | ☐ DELETE | 2.1 TITLE | | | <u> </u> | <u> </u> | 4.74.07 | Chang | e 🔀 Addition |
| NAME | <u> </u> | | 2.2 NAME | | D CETEREDE DONA | | | T D T | | |
| STREET ADDRESS | 541 BUTTERMILK PIKE · SUITE 301 | | | SEIFFERT, RONALD J. 3STREET ADDRESS 41 S. HIGH ST., HUNTINGTON | | | | T110001 | anumnn | |
| CITY-ST-ZIP | CRESCENT SPRINGS KY 41017 | | 2.4'CITY-ST-ZIP | | | | | | TNGTON. | CENTER |
| TITLE | | | 3.1 TITLE | | | UMBUS, | UH | 43287 | ☐ Chang | e 🔲 Addition |
| NAME | MORTON, DANIEL W | | 3.2 NAME | | } | | | | | |
| STREET ADDRESS | 44 O LIGHT OF THE PERSON OF STREET | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | COLUMBUS OH 43287 | | | T-ZIP | | | | | | |
| TITLE | OFF | ☐ DELETE | 4.1 TITLE | | <u> </u> | | | | ☐ Chang | e Addition |
| NAME | LIEBERSBACH, JOHN W | • | 4. 2 NAME | | | | | | | |
| STREET ADDRESS | 41 S. HIGH ST., HUNTINGTON (| CENTER | 4.3 STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | COLUMBUS OH 43287 | | 4.4 CITY-S | T-ZIP | | | | | | |
| TITLE | OFF | ☐ DELETE | 5.1 TITLE | | | | | | ☐ Chang | e 🗌 Addition |
| NAME | HARMON, THOMAS J | | 5.2 NAME | | | | | | | |
| STREET ADDRESS | 17 S. HIGH ST., SUITE 430 | | 5.3 STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | COLUMBUS OH 43215 | | 5.4 CITY-S | T-ZIP | | | | | | |
| TITLE | D | XX DELETE | 6.1 TITLE | | | · · | - | | ☐ Chang | e 🗌 Addition |

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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

JACOBS, NORMAN A

COLUMBUS OH 43287

41 S. HIGH ST., HUNTINGTON CENTER