

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F98000006653

FILED
Oct 07, 2005
Secretary of State

Entity Name: EMPLOYERS BENEFITS OF OHIO, INC.

Current Principal Place of Business:

896 LEXINGTON SPRINGMILL ROAD
MANSFIELD, OH 44906

New Principal Place of Business:

Current Mailing Address:

PO BOX BOX 2568
MANSFIELD, OH 44906

New Mailing Address:

FEI Number: 34-1696604

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTKUS, CHRISTOPHER R
615 SO MISSOURI AVE., STE F
CLEARWATER, FL 33756 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: CHRISTOPHER R. BARTKUS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: WORKMAN, VAN A
Address: 896 LEXINGTON SPRINGMILL ROAD
City-St-Zip: MANSFIELD, OH 44906 US

Title: VP () Delete
Name: FLAUGHER JR, FRANK V
Address: 896 LEXINGTON SPRINGMILL ROAD
City-St-Zip: MANSFIELD, OH 44906 US

Title: ST () Delete
Name: DINSMORE, MICHELLE L
Address: 896 LEXINGTON SPRINGMILL ROAD
City-St-Zip: MANSFIELD, OH 44906 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK V. FLAUGHER

VP

10/07/2005

Electronic Signature of Signing Officer or Director

Date