2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #F99000001700

1. Entity Name



FILED Apr 07, 2006 8:00 am Secretary of State 04-07-2006 90016 027 ***150.00

OHIO SECURITY INSURANCE COMPANY									
9450 SEWARD ROAD		Mailing Address 9450 SEWARD ROAD FAIRFIELD, OH 45014 US			rem namenmen TADA a) - 	i)) (88)(88)11 88	IITRI A IOTI	
2. Principal P	tace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03212006	Chg-P	CR2E0	34 (11/05)	
City & State	е	City & State			4. FEI Numb 31-054				plied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	\gent	
COBBOBA	ATION SERVICE COMPANY		Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Street Address		P.O. Box Numb	er is Not Acceptab	le)		
			City				FL	Zip Code	e
6 The shows		- Ab		!				(
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or i	registeri	ed agent, or bo	oth, in the State of F	iorida. rami	amiliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signatur	re required	when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaigr Trust Fund Contrib		\$5. Adde	00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	CEOP	☐ Delete	TITLE					☐ Change	Addition
NAME	CARMICHAEL, DAN R		NAME OTREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	9450 SEWARD ROAD FAIRFIELD, OH 45014		STREET ADDRESS CITY-ST-ZIP						
TITLE	C	☐ Delete	TITLE					Change	Addition
NAME	PONTIUS, STANLEY N	□ Otilite	NAME					onlings	C. ridolilon
STREET ADDRESS	300 HIGH STREET		STREET ADDRESS						
CITY-ST-ZIP	HAMILTON, OH 45011		CITY-ST-ZIP				<u> </u>		
TITLE	SVPS	☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	CRANE, DEBRA 9450 SEWARD ROAD		NAME STREET ADDRESS						
CITY-ST-ZIP	FAIRFIELD, OH 45014		CITY-ST-ZIP						
TITLE	EXVP	⊠ Delete	TITLE	Dro	sident/	000		☐ Change	Addition
NAME	RICZKO, ELIZABETH M	EQ Delete	NAME	Ral	ph S. M	ichael II	TT	orango	Z I IOSINON
STREET ADDRESS	9450 SEWARD ROAD		STREET ADDRESS		0 Sewar		• •		
CITY-ST-ZIP	FAIRFIELD, OH 45014		CITY-ST-ZIP			OH 45014			
TITLE	SRVP	Delete	TITLE	Exe	c. VP/C	00		☐ Change	Addition
NAME	SLONEKER, HOWARD L III		NAME CIRCET APPRICES	Joh	ın S. Bu	sby			
STREET ADDRESS CITY+ST-ZIP	9450 SEWARD ROAD FAIRFIELD, OH 45014		STREET ADDRESS CITY-ST-ZIP	245	O_Sewar	d Rd OH 45014			ļ
TITLE	EVPC	☐ Delete	TITLE	<u>ral</u>	rrieia,	UH 45014		Change	☐ Addition
NAME	WINNER, MICHAEL A	T peiete	NAME					Gridings	
STREET ADDRESS	9450 SEWARD ROAD		STREET ADDRESS						Ì
CITY-ST-ZIP	FAIRFIELD, OH 45014		CITY-ST-ZIP						
12. I hereby o	certify that the information supplied with	this filing does not qualify for t	the exemptions co	ontained	in Chapter 11	9, Florida Statutes.	I further cert	ity that the in	nformation

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	SI	G	Ν	Α	TI	J	R	Ε
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Joha K. Cran Debra K. Cr SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debra K. Crane

3-23-06

513-603-2212

Daytime Phone #