

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 A
Secretary of State

DOCUMENT # F99000001700

1. Entity Name
OHIO SECURITY INSURANCE COMPANY



Principal Place of Business
**9450 SEWARD ROAD
FAIRFIELD, OH 45014 US**

Mailing Address
**9450 SEWARD ROAD
FAIRFIELD, OH 45014 US**



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-0541777	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEOP
NAME	CARMICHAEL, DAN R
STREET ADDRESS	9450 SEWARD ROAD
CITY-ST-ZIP	FAIRFIELD, OH 45014

TITLE	C
NAME	PONTIUS, STANLEY N
STREET ADDRESS	300 HIGH STREET
CITY-ST-ZIP	HAMILTON, OH 45011

TITLE	SVPS
NAME	CRANE, DEBRA
STREET ADDRESS	9450 SEWARD ROAD
CITY-ST-ZIP	FAIRFIELD, OH 45014

TITLE	PCOO
NAME	MICHAEL, RALPH S III
STREET ADDRESS	9450 SEWARD RD
CITY-ST-ZIP	FAIRFIELD, OH 45014

TITLE	EVPC
NAME	BUSBY, JOHN S
STREET ADDRESS	9450 SEWARD RD
CITY-ST-ZIP	FAIRFIELD, OH 45014

TITLE	EVPC
NAME	WINNER, MICHAEL A
STREET ADDRESS	9450 SEWARD ROAD
CITY-ST-ZIP	FAIRFIELD, OH 45014

**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:

Debra K. Crane

Debra K. Crane

3-8-07

513-603-2212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #