

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002433

1. Entity Name

SAFE AUTO INSURANCE COMPANY

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90011 045 ***150.00

Principal Place of Business

Mailing Address

3883 EAST BROAD STREET
COLUMBUS OH 43213

3883 EAST BROAD STREET
COLUMBUS OH 43213-1129

2. Principal Place of Business

3. Mailing Address

Columbus

3883 East Broad St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Columbus, OH

City & State

Columbus, OH

Zip

Country

43213

Franklin

Zip

Country

43213

Franklin



DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1379882

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DIAMOND, JON P
STREET ADDRESS 320 S PARKVIEW
CITY-ST-ZIP BEXLEY OH ☐ Delete

TITLE ☒ Change ☒ Addition
NAME Mary Puskus
STREET ADDRESS 3565 NW 86th Way
CITY-ST-ZIP Sunrise, FL 33351

TITLE V
NAME FRIEDMAN, TODD E
STREET ADDRESS 13759 SUDBURY DRIVE NW
CITY-ST-ZIP PICKERINGTON OH ☐ Delete

TITLE V
NAME Robert Schaeffer
STREET ADDRESS 1101 SE 14th Place
CITY-ST-ZIP Ft. Lauderdale, FL 33316-2960 ☐ Change ☒ Addition

TITLE S
NAME MILLER, APRIL D
STREET ADDRESS 7200 HAVENCROFT DRIVE
CITY-ST-ZIP REYNOLDSBURG OH ☐ Delete

TITLE V
NAME JACK Coolidge
STREET ADDRESS 1296 Wallasey Drive
CITY-ST-ZIP Westerville, OH 43081 ☐ Change ☒ Addition

TITLE T
NAME KETTLER, THOMAS R
STREET ADDRESS 7661 POND CLOSE ROAD
CITY-ST-ZIP BLACKICK OH ☐ Delete

TITLE CFO
NAME melinda Fry
STREET ADDRESS 360 Field Harvest Avenue
CITY-ST-ZIP Pickerington, OH 43147 ☐ Change ☒ Addition

TITLE CD
NAME DESHE, ARI
STREET ADDRESS 393 N COLUMBIA AVE
CITY-ST-ZIP BEXLEY OH ☐ Delete

TITLE V
NAME Jon L. Trickey
STREET ADDRESS 6712 Wanamaker Drive
CITY-ST-ZIP Reynoldsburg, OH 43068 ☐ Change ☒ Addition

TITLE D
NAME SCHOTTENSTEIN, JAY L
STREET ADDRESS 445 N PARKVIEW
CITY-ST-ZIP BEXLEY OH ☐ Delete

TITLE ☐ Change ☐ Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)