FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P18964** **(7)**

1. Corporation Name
OHIO INDEMNITY COMPANY

Principal Place of Business	Mailing Address
20 E BROAD ST 4TH FLOOR COLUMBUS OH 43215	20 E BROAD ST 4TH FLOOR COLUMBUS OH 43215

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/25/1988**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **31-0620146** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TOBIN, EDWARD PAUL
3751 MAGUIRE BLVD.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: TRAVERS, STEPHEN HEBER
82 Street Address (P.O. Box Number is Not Acceptable): 1199 N.W. 42nd AVENUE
83
84 City: MIAMI FL 85 Zip Code: 33126

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X _____ 04-09-95
Signature, typed or printed name of registered agent and date signed (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SOKOL, SIMON	12 NAME		
STREET ADDRESS	20 E BROAD ST, 4TH FLOOR	13 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	LUSTNAVER, MILTON O.	22 NAME	LUSTNAUER	
STREET ADDRESS	3391 STONEHEDGE COURT	23 STREET ADDRESS	Last name spelled incorrect	
CITY-ST-ZIP	COLUMBUS OH	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	CRESS, SALLY J.	32 NAME		
STREET ADDRESS	20 E BROAD ST, 4TH FLOOR	33 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JAMES R.	42 NAME		
STREET ADDRESS	20 E BROAD ST, 4TH FLOOR	43 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH	44 CITY-ST-ZIP		
TITLE	VPD	51 TITLE		☒ Change ☐ Addition
NAME	JUREDINE, DAVID	52 NAME		
STREET ADDRESS	20 E BROAD ST, 4TH FLOOR	53 STREET ADDRESS	TERMINATED FROM THE COMPANY 12-30-94	
CITY-ST-ZIP	COLUMBUS OH	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SOKOL, JOHN S	62 NAME		
STREET ADDRESS	20 E BROAD ST, 4TH FLOOR	63 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Sally Cress 614-228-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470247 FP

P189669

OHIO
INDEMNITY
COMPANY

"Specialists in Single Interest Insurance Since 1956"
A Subsidiary of Bancinsurance Corporation

20 East Broad Street
Columbus, Ohio [redacted] 43215
614/228-1601
800/331-8452

ADDITION

D
SAUL SOKOL
3242 EAST MAIN STREET
COLUMBUS, OHIO 43213-2877

ADDITION

D
DANIEL D. HARKINS
4369 DONINGTON ROAD
COLUMBUS, OHIO 43220