

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P18964

(7)

1. Corporation Name

OHIO INDEMNITY COMPANY



Principal Place of Business

20 E BROAD ST
4TH FLOOR
COLUMBUS OH 43215

Mailing Address

20 E BROAD ST
4TH FLOOR
COLUMBUS OH 43215

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/25/1988

3a. Date of Last Report
05/01/1995

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 ☒

10. Name and Address of New Registered Agent

81 Name

CT CORPORATION

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

1200 SOUTH PINE ISLAND ROAD

83

84 City

PLANTATION

FL

85 Zip Code
33324

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

G. L. Hatfield

G. L. Hatfield, Asst. Secretary

3-12-96

12. OFFICERS AND DIRECTORS

1. TITLE	PD	☐ DELETE
2. NAME	SOKOL, SIMON	
3. STREET ADDRESS	20 E BROAD ST, 4TH FLOOR	
4. CITY-STATE-ZIP	COLUMBUS OH	
5. TITLE	D	☐ DELETE
6. NAME	LUSTNAUER, MILTON O	
7. STREET ADDRESS	3391 STONEHEDGE COURT	
8. CITY-STATE-ZIP	COLUMBUS OH	
9. TITLE	STD	☐ DELETE
10. NAME	CRESS, SALLY J.	
11. STREET ADDRESS	20 E BROAD ST, 4TH FLOOR	
12. CITY-STATE-ZIP	COLUMBUS OH	
13. TITLE	D	☐ DELETE
14. NAME	DAVIS, JAMES R.	
15. STREET ADDRESS	20 E BROAD ST, 4TH FLOOR	
16. CITY-STATE-ZIP	COLUMBUS OH	
17. TITLE	D	☐ DELETE
18. NAME	SOKOL, JOHN S	
19. STREET ADDRESS	20 E BROAD ST, 4TH FLOOR	
20. CITY-STATE-ZIP	COLUMBUS OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	☐ Change ☒ Addition
2. NAME	HARKINS, DANIEL D.	
3. STREET ADDRESS	4369 DONINGTON ROAD	
4. CITY-STATE-ZIP	COLUMBUS OH	
5. TITLE	D	☐ Change ☒ Addition
6. NAME	SOKOL, SAUL	
7. STREET ADDRESS	3242 EAST MAIN STREET	
8. CITY-STATE-ZIP	COLUMBUS, OH	
9. TITLE	VP	☐ Change ☒ Addition
10. NAME	TOTH, STEPHEN J.	
11. STREET ADDRESS	20 E. BROAD ST., 4TH FLOOR	
12. CITY-STATE-ZIP	COLUMBUS OH	
13. TITLE	AVP	☐ Change ☒ Addition
14. NAME	CRISMAN, LESLIE A.	
15. STREET ADDRESS	20 E. BROAD ST., 4TH FLOOR	
16. CITY-STATE-ZIP	COLUMBUS, OH	
17. TITLE	DVP	☒ Change ☐ Addition
18. NAME	SOKOL, JOHN S.	
19. STREET ADDRESS	20 E. BROAD ST., 4TH FLOOR	
20. CITY-STATE-ZIP	COLUMBUS, OH	

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96

(614) 228-2800

Date

Daytime Phone

CR2E034 (12/95)