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FILED

Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 43215-3403



3. Date Incorporated or Qualified

04/25/1988

3a. Date of Last Report

03/15/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

CT CORPORATION  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOKOL, SIMON	
STREET ADDRESS	20 E BROAD ST, 4TH FLOOR	
CITY, ST, ZIP	COLUMBUS OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUSTNAUER, MILTON O	
STREET ADDRESS	3391 STONEHEDGE COURT	
CITY, ST, ZIP	COLUMBUS OH	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CRESS, SALLY J.	
STREET ADDRESS	20 E BROAD ST, 4TH FLOOR	
CITY, ST, ZIP	COLUMBUS OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, JAMES R.	
STREET ADDRESS	20 E BROAD ST, 4TH FLOOR	
CITY, ST, ZIP	COLUMBUS OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOKOL, JOHN S	
STREET ADDRESS	20 E BROAD ST, 4TH FLOOR	
CITY, ST, ZIP	COLUMBUS OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HARKINS, DANIEL D.	
1.3 STREET ADDRESS	4369 DONINGTON ROAD	
1.4 CITY-ST-ZIP	COLUMBUS, OHIO	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SOKOL, SAUL	
2.3 STREET ADDRESS	3242 EAST MAIN STREET	
2.4 CITY-ST-ZIP	COLUMBUS, OHIO	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TOTH, STEPHEN J.	
3.3 STREET ADDRESS	20 EAST BROAD STREET 4th FL	
3.4 CITY-ST-ZIP	COLUMBUS, OHIO	
4.1 TITLE	DYP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVIS, JAMES R.	
4.3 STREET ADDRESS	20 EAST BROAD STREET 4th FL	
4.4 CITY-ST-ZIP	COLUMBUS, OHIO	
5.1 TITLE	DYP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SOKOL, JOHN S.	
5.3 STREET ADDRESS	20 EAST BROAD STREET 4th FL	
5.4 CITY-ST-ZIP	COLUMBUS, OHIO	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

*Scylla Chen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-97

Date

(614) 228-2800

Daytime Phone #

CR2E034 (9/96)