## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # P18964** Apr 18, 2000 8:00 am Secretary of State OHIO INDEMNITY COMPANY 04-18-2000 90220 014 \*\*\*150.00 Principal Place of Business Mailing Address 20 E BROAD ST 20 E BROAD ST 4TH FLOOR 4TH FLOOR COLUMBUS OH 43215 COLUMBUS OH 43215-3416 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 31-0620146 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name CT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ☐ Delete TITLE TITLE SOKOL, SIMON SOKOL, SIMON NAME 20 EAST BROAD ST, 4th FLOOR STREET ADDRESS 20 E BROAD ST. 4TH FLOOR STREET ADDRESS CITY-ST-ZIP COLUMBUS, OH 43215 CITY-ST-ZIP COLUMBUS OH ☐ Addition ☐ Delete TITLE Change TITLE LUSTNAUER, MILTON O NAME NAME 3391 STONEHEDGE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIE COLUMBUS OH CITY-ST-ZIP STD Change ☐ Addition ☐ Delete TITLE TITLE CRESS, SALLY J. NAME NAME 20 E BROAD ST, 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH VPD ☐ Change ■ Addition ☐ Delete TITLE TITLE DAVIS, JAMES R NAME NAME 20 EAST BROAD STREET, 4TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS OH **VPD** Change ☐ Addition TITLE ☐ Delete TITLE SOKOL, JOHN S. SOKOL, JOHN S NAME NAME 20 EAST BROAD ST, 4th FL 20 EAST BROAD STREET, 4TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLUMBUS, OH CITY-ST-ZIP COLUMBUS OH 43215 ☐ Delete TITLE Change **Addition** TITLE NAME TOTH, STEPHEN J. STREET ADDRESS STREET ADDRESS 20 EAST BROAD ST, 4th FL CITY-ST-ZIP COLUMBUS, OΗ 43215 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.

SALL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CRESS