


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P18964 1. Entity Name OHIO INDEMNITY COMPANY	
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Principal Place of Business 250 E. BROAD STREET TENTH FLOOR COLUMBUS, OH 43215	Mailing Address 250 E. BROAD STREET TENTH FLOOR COLUMBUS, OH 43215
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07052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-0620146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOKOL, SIMON 250 E. BROAD STREET - 10TH FLOOR COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP STEPHAN, DANIEL J 250 E. BROAD STREET - 10TH FLOOR COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRESS, SALLY J. 250 E. BROAD STREET - 10TH FLOOR COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOKOL, JOHN S 250 E. BROAD STREET - 10TH FLOOR COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOTH, STEPHEN J 250 E. BROAD STREET - 10TH FLOOR COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, MATTHEW 250 E. BROAD STREET - 10TH FLOOR COLUMBUS, OH 43215

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08/02/04-80006-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Sally Cress Treasurer 7/13/04 604-220-5203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #