

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90042 024 ***150.00

DOCUMENT # P18964			
1. Entity Name OHIO INDEMNITY COMPANY			
Principal Place of Business 250 E. BROAD STREET TENTH FLOOR COLUMBUS OH 43215		Mailing Address 250 E. BROAD STREET TENTH FLOOR COLUMBUS OH 43215	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CT CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ 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 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOKOL, SIMON 250 E. BROAD STREET - 10TH FLOOR COLUMBUS OH 43215 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Douglas Borror 250 E Broad St 10th Floor Columbus Ohio 43215 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP STEPHAN, DANIEL J 250 E. BROAD STREET - 10TH FLOOR COLUMBUS OH 43215 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kenton Bowen 250 E Broad St. 10th Floor Columbus Ohio 43215 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO NOLAN, MATT 250 E. BROAD STREET - 10TH FLOOR COLUMBUS OH 43215 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen Close 250 E. Broad St., 10th Floor Columbus, Ohio 43215 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOKOL, JOHN S 250 E. BROAD STREET - 10TH FLOOR COLUMBUS OH 43215 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edward Cohn 250 E Broad St., 10th Floor Columbus Ohio 43215 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOTH, STEPHEN J 250 E. BROAD STREET - 10TH FLOOR COLUMBUS OH 43215 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daniel Harkins 250 East Broad St. 10th Floor Columbus Ohio 43215 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, MATTHEW 250 E. BROAD STREET - 10TH FLOOR COLUMBUS OH 43215 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition



1st MOORE CR2E034 (10/07)

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Matt Nolan

Matt Nolan

3-12-08

614-228-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone