

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90187 024 ***550.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 31-0620146

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00

After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SOKOL, SIMON**
STREET ADDRESS **250 E. BROAD STREET - 10TH FLOOR**
CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE **D** ☐ Change ☒ Addition
NAME **Matthew D. Walter**
STREET ADDRESS **250 E. Broad St. - 10th Floor**
CITY-ST-ZIP **Columbus, OH 43215**

TITLE **V** ☐ Delete
NAME **STEPHAN, DANIEL J**
STREET ADDRESS **250 E. BROAD STREET - 10TH FLOOR**
CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE **Executive Vice President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **CRESS, SALLY J.**
STREET ADDRESS **250 E. BROAD STREET - 10TH FLOOR**
CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE **D** ☐ Change ☒ Addition
NAME **Kenton R. Bowen**
STREET ADDRESS **250 E. Broad St. - 10th FL.**
CITY-ST-ZIP **Columbus, OH 43215**

TITLE **PD** ☐ Delete
NAME **SOKOL, JOHN S**
STREET ADDRESS **250 E. BROAD STREET - 10TH FLOOR**
CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE **D** ☐ Change ☒ Addition
NAME **William S. Sheley**
STREET ADDRESS **250 E. Broad St. - 10th FL.**
CITY-ST-ZIP **Columbus, OH 43215**

TITLE **V** ☐ Delete
NAME **TOTH, STEPHEN J**
STREET ADDRESS **250 E. BROAD STREET - 10TH FLOOR**
CITY-ST-ZIP **COLUMBUS OH 43215**

TITLE **D** ☐ Change ☒ Addition
NAME **Saul Sokol**
STREET ADDRESS **250 E. Broad St. - 10th FL.**
CITY-ST-ZIP **Columbus, OH 43215**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Daniel D. Harkins**
STREET ADDRESS **250 E. Broad St. - 10th FL.**
CITY-ST-ZIP **Columbus, OH 43215**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-03

614-228-2800

Date

Daytime Phone #

CR2E034 (4/03)