

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19178

(3)

1. Corporation Name

MILBANK INSURANCE COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 17 PM 3:29

Principal Place of Business

Mailing Address

518 E. BROAD STREET
P. O. BOX 1000
COLUMBUS OH 43215
US

518 E. BROAD STREET
P. O. BOX 1000
COLUMBUS OH 43215
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/09/1988

3a. Date of Last Report

02/22/1994

4. FBI Number

46-0368854

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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 title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

CPD

NAME

BAILEY, ROBERT L.

STREET ADDRESS

518 E. BROAD STREET

CITY - ST - ZIP

COLUMBUS OH

TITLE

TVD

NAME

HARRIS, URLIN G.

STREET ADDRESS

518 E. BROAD STREET

CITY - ST - ZIP

COLUMBUS OH

TITLE

SVD

NAME

LOWTHER, JOHN R.

STREET ADDRESS

518 E. BROAD STREET

CITY - ST - ZIP

COLUMBUS OH

TITLE

VD

NAME

DODD, MICHAEL F.

STREET ADDRESS

518 E. BROAD STREET

CITY - ST - ZIP

COLUMBUS OH

TITLE

V

NAME

MOONE, ROBERT H.

STREET ADDRESS

518 E. BROAD STREET

CITY - ST - ZIP

COLUMBUS OH

TITLE

V

NAME

BOWSHIER, TERRENCE L.

STREET ADDRESS

518 E. BROAD STREET

CITY - ST - ZIP

COLUMBUS OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

T. L. Bowshier

T. L. BOWSHIER

1/2/95

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Date

Expiring Term