

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 807894

**Entity Name:** OHIO FARMERS INSURANCE COMPANY

**Current Principal Place of Business:**

ONE PARK CIRCLE  
PO BOX 5001  
WESTFIELD CENTER, OH 44251-5001

**Current Mailing Address:**

ONE PARK CIRCLE  
PO BOX 5001  
WESTFIELD CENTER, OH 44251-5001 US

**FEI Number:** 34-0438190

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US

*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SEC  
Name CARRINO, FRANK A  
Address ONE PARK CIRCLE  
City-State-Zip: WESTFIELD CENTER OH 44251

Title PRESIDENT/CEO, DIRECTOR  
Name LARGENT, EDWARD J  
Address ONE PARK CIRCLE  
PO BOX 5001  
City-State-Zip: WESTFIELD CENTER OH 44251-5001

Title TREA  
Name KOHMANN, JOSEPH C  
Address ONE PARK CIRCLE  
City-State-Zip: WESTFIELD CENTER OH 44251

Title DIRECTOR  
Name BUFKIN, BARBARA  
Address ONE PARK CIRCLE  
PO BOX 5001  
City-State-Zip: WESTFIELD CENTER OH 44251-5001

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANK CARRINO

**SECRETARY**

**04/08/2025**

Electronic Signature of Signing Officer/Director Detail

Date