

2023 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: CARRINO FRANK

SECRETARY

03/03/2023

Electronic Signature of Signing Officer/Director Detail

Date