2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2013
Secretary of State
CC6404584316

DOCUMENT# 807894

Entity Name: OHIO FARMERS INSURANCE COMPANY

Current Principal Place of Business:

ONE PARK CIRCLE
LEGAL DEPARTMENT
WESTFIELD CENTER, OH 44251-5001

Current Mailing Address:

ONE PARK CIRCLE
LEGAL DEPARTMENT
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
P O BOX 6200 (32314-6200)
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	CEO	Title	SEC
Name	CLAY, JAMES R	Name	CARRINO, FRANK A
Address	6661 SMUCKER DRIVE	Address	3564 OLD HICKORY KANE
City-State-Zip:	WESTFIELD CENTER OH 44251	City-State-Zip:	MEDINA OH 44256
Title	SE	Title	PR
Name	BESHIRE, BAMBI A	Name	PARK, JON W
Address	6775 BALLASH ROAD	Address	ONE PARK CIRCLE
City-State-Zip:	MEDINA OH 44256	City-State-Zip:	WESTFIELD CENTER OH 44251
Title	TREA		
Name	KOHMANN, JOSEPH C		
Address	176 BRENT ALLEN DRIVE		
City-State-Zip:	WADSWORTH OH 44281		

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 02/01/2013

Electronic Signature of Signing Officer/Director Detail — Date