

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000005392

FILED
Mar 16, 2016
Secretary of State
CC1709638670

Entity Name: CENTRAL MUTUAL INSURANCE COMPANY

Current Principal Place of Business:

800 SOUTH WASHINGTON STREET
VAN WERT, OH 45891

Current Mailing Address:

800 SOUTH WASHINGTON STREET
VAN WERT, OH 45891

FEI Number: 34-4202560

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 VP, SECRETARY, DIRECTOR,
OFFICER
Name BUHL, EDWARD R
Address 9417 STEPHANIE LANE
City-State-Zip: VAN WERT OH 45891

Title DIRECTOR
Name KEARNEY, THOMAS B
Address 303 UMPAWAUG ROAD
City-State-Zip: WEST REDDING CT 06896

Title OFFICER
Name WASSON, CHRISTOPHER E
Address 1 WARREN ROAD
City-State-Zip: VAN WERT OH 45891

Title DIRECTOR
Name NOONAN, EDWARD J
Address 4 TURNBERRY WAY
City-State-Zip: NEW HOPE PA 18938

Title CHAIRMAN, PRESIDENT, DIRECTOR,
OFFICER
Name PURMORT, FRANCIS W III
Address 9 WARREN ROAD
City-State-Zip: VAN WERT OH 45891

Title OFFICER
Name EIKENBARY, THAD R
Address 1063 GARFIELD STREET
City-State-Zip: VAN WERT OH 45891

Title OFFICER
Name GLASSER, JAMES F
Address 18 ATLANTIC AVE
UNIT 1
City-State-Zip: BEVERLY MA 01915

Title OFFICER
Name GUTH, MICHAEL P
Address 9318 FOXWOOD PASSAGE
City-State-Zip: FORT WAYNE IN 46835

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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: CHRISTOPHER WASSON

GENERAL COUNSEL

03/16/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name HURLESS, CYNTHIA M
Address 1274 MADISON BLVD
City-State-Zip: VAN WERT OH 45891

Title OFFICER
Name MOORE, S. K.
Address 3202 WICKS CREEK TRAIL
City-State-Zip: MARIETTA GA 30026

Title OFFICER
Name RINGWALD, JANA L
Address 1166 SOUTH WALNUT STREET
City-State-Zip: VAN WERT OH 45891

Title DIRECTOR
Name COVINGTON, J LEE
Address 1645 1ST PLACE
City-State-Zip: MCLEAN VA 22101

Title OFFICER
Name GLENN, T CHAD
Address 9N098 CORRON RD
City-State-Zip: ELGIN IL 60124

Title OFFICER
Name SIMPSON, TODD E
Address 5720 BAILEY CT
City-State-Zip: FT WAYNE IN 46835

Title OFFICER
Name JACKSON, PATRICK J
Address 1337 WILLOW RIDGE LANE
City-State-Zip: VAN WERT OH 45891

Title OFFICER
Name RAUCH, TIMOTHY L
Address 11751 HARRISBURG DRIVE
City-State-Zip: FRISCO TX 75035

Title OFFICER
Name WHITE, JOHN E
Address 1090 MADISON BLVD
City-State-Zip: VAN WERT OH 45891

Title OFFICER
Name FAUROTE, BENJAMIN S
Address 969 YORKTOWN ROAD
City-State-Zip: DECATUR IN 46733

Title OFFICER
Name MANSFIELD, STEVEN
Address 12020 EDEN LN
City-State-Zip: FRISCO TX 75033

Title OFFICER
Name ETZLER, SCOTT ALLEN
Address 8889 BERGNER
City-State-Zip: VAN WERT OH 45891