

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000005392

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:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 DIRECTOR
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 DIRECTOR
Name NOONAN, EDWARD J
Address 4 TURNBERRY WAY
City-State-Zip: NEW HOPE PA 18938

Title CHAIRMAN
Name PURMORT, FRANCIS W III
Address 1483 SECOND AVE SOUTH
City-State-Zip: NAPLES FL 34102

Title OFFICER, TREASURER, VP
Name DOUGAL, AMY RENEE
Address 800 SOUTH WASHINGTON STREET
City-State-Zip: VAN WERT OH 45891

Title OFFICER, PRESIDENT
Name PURMORT, EVAN PENNINGTON
Address 800 SOUTH WASHINGTON STREET
City-State-Zip: VAN WERT OH 45891

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

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

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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: AMY DOUGAL

TREASURER

02/16/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 DIRECTOR
Name STRIPE, DENNIS D.
Address 56 ACKERMAN DRIVE
City-State-Zip: MAHWAH NJ 07430

Title OFFICER
Name PFEIFER, JOCELYN L
Address 1226 BALLYCASTLE LANE
City-State-Zip: CORINTH TX 76210

Title OFFICER
Name LEE, DAVID T.
Address 3605 VALLEY CREST WAY
City-State-Zip: CUMMING GA 30041

Title VP
Name MATTHEW, ZOLLNER
Address 800 SOUTH WASHINGTON STREET
City-State-Zip: VAN WERT OH 45891

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

Title OFFICER, CFO
Name GOAD, KEITH A.
Address 7793 WINDSOR AVE.
City-State-Zip: CANAL WINCHESTER OH 43110

Title DIRECTOR
Name WARD, DAVID C
Address 5356 NAKOMA DRIVE
City-State-Zip: DALLAS TX 75209

Title OFFICER
Name EDWARDS, PAUL J.
Address 10618 SADDLEBROOK CT
City-State-Zip: FORT WAYNE IN 46814

Title VP
Name ROBERT, COLEMAN
Address 800 SOUTH WASHINGTON STREET
City-State-Zip: VAN WERT OH 45891

Title VP
Name MATTHEW, KORTE
Address 800 SOUTH WASHINGTON STREET
City-State-Zip: VAN WERT OH 45891