

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001394

Entity Name: GALIC BROTHERS, INC.

Current Principal Place of Business:

301 E 4TH STREET
CINCINNATI, OH 45202

FILED
Mar 23, 2016
Secretary of State
CC9661643251

Current Mailing Address:

301 E 4TH STREET
15TH FLOOR
CINCINNATI, OH 45202 US

FEI Number: 31-1391777

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUBAN, KEN
OCEAN REEF CLUB
35 OCEAN REEF DR., STE 200
KEY LARGO, FL 33037 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 P/D
Name FULLER, VICTOR L
Address TWO ALHAMBRA PLAZA SUITE 1280
City-State-Zip: CORAL GABLES FL 33134

Title V/D
Name FULLER, STEPHEN M
Address TWO ALHAMBRA PLAZA SUITE 1280
City-State-Zip: CORAL GABLES FL 33134

Title D
Name VONDERHAAR, DANIEL J
Address 301 E 4TH STREET
City-State-Zip: CINCINNATI OH 45202

Title V/T
Name MILIANO, CHRISTOPHER P
Address 301 E 4TH STREET
City-State-Zip: CINCINNATI OH 45202

Title AT
Name ZBACNIK, ROBERT J
Address 301 E 4TH STREET
City-State-Zip: CINCINNATI OH 45202

Title S
Name LUBAN, KENNETH A
Address 35 OCEAN REEF DRIVE SUITE 200
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR
Name LINDNER, S. CRAIG
Address 301 E. 4TH ST.
City-State-Zip: CINCINNATI OH 45202

Title DIRECTOR
Name BERDING, JOHN B
Address 301 E. 4TH ST.
City-State-Zip: CINCINNATI OH 45202

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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: ROBERT J ZBACNIK

ASSISTANT TREASURER 03/23/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name MUETHING, MARK F
Address 301 E 4TH STREET
15TH FLOOR
City-State-Zip: CINCINNATI OH 45202