

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212515929

1.) CORPORATION NAME:

REPUBLIC-FRANKLIN INSURANCE COMPANY

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**MATTHEW J LUPINO
1100 BOULDERS PARKWAY SUITE 300
PO BOX 13560**

SCC ID NO: **F0508178**

RICHMOND, VA 23225-8560

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2600 CORPORATE EXCHANGE DR

CITY/ST/ZIP: COLUMBUS, OH 43231

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	BRIAN P LYTWYNEC	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	180 GENESEE ST		
CITY/ST/ZIP/CO:	NEW HARTFORD, NY 13413		

NAME:	Kristen H Martin	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP & Secretary		
ADDRESS:	180 GENESEE STREET		
CITY/ST/ZIP/CO:	NEW HARRFORD, NY 13413		

NAME:	J DOUGLAS ROBINSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/CHAIRMAN		
ADDRESS:	180 GENESEE STREET		
CITY/ST/ZIP/CO:	NEW HARTFORD, NY 13413		

NAME:	BRIAN W MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP/CONT		
ADDRESS:	180 GENESEE ST		
CITY/ST/ZIP/CO:	NEW HARTFORD, NY 13413		

NAME:	PAUL A HAGSTROM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7146 COLLEGE HILL RD		
CITY/ST/ZIP/CO:	CLINTON, NY 13323		

NAME:	Raymond E Cox	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO & Treasurer		
ADDRESS:	180 Genesee Street		
CITY/ST/ZIP/CO:	New Hartford, NY 13413		

NAME: Alfred E Calligaris TITLE: DIRECTOR ADDRESS: 180 Genesee Street CITY/ST/ZIP/CO: New Hartford, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Jerry J Hartman TITLE: DIRECTOR ADDRESS: 180 Genesee Street CITY/ST/ZIP/CO: New Hartford, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Roy A Cardia TITLE: DIRECTOR ADDRESS: 180 Genesee Street CITY/ST/ZIP/CO: New Hartford, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Linda E Romano TITLE: DIRECTOR ADDRESS: 180 Genesee Street CITY/ST/ZIP/CO: New Hartford, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Alan J Pope, Sr. TITLE: DIRECTOR ADDRESS: 180 Genesee Street CITY/ST/ZIP/CO: New Hartford, NY 13413	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ Kristen H Martin SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Kristen H Martin, SVP & Secretary PRINTED NAME AND CORPORATE TITLE	4/30/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		