

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213519893

1.) CORPORATION NAME:

**REPUBLIC-FRANKLIN INSURANCE COMPANY**

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0508178**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

**RICHMOND, VA**

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:	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:	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:	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:	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:	ALFRED E CALLIGARIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	180 GENESEE STREET		
CITY/ST/ZIP/CO:	NEW HARTFORD, NY 13413		

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: PAUL A HAGSTROM TITLE: DIRECTOR ADDRESS: 7146 COLLEGE HILL RD CITY/ST/ZIP/CO: CLINTON, NY 13323	<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: 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
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: GREGORY MILLER HARDEN 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	4/26/2013 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.		