

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 802256 (8)
 1. Corporation Name
AMERICAN EMPLOYERS' INSURANCE COMPANY



Principal Place of Business ATTN: TAX DEPT. ONE BEACON ST BOSTON MA 02108	Mailing Address ATTN: TAX DEPT. ONE BEACON ST BOSTON MA 02108-3107
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3. Date Incorporated or Qualified 06/18/1925	3a. Date of Last Report 04/09/1996
4. FEI Number 04-1027270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
 THE CAPITOL
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE AT	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PERLMAN, ROBERT S.		12 NAME	
STREET ADDRESS ONE BEACON STREET		13 STREET ADDRESS	
CITY-ST-ZIP BOSTON MA		14 CITY-ST-ZIP	
TITLE CD	<input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUFFY, KENNETH J.		22 NAME	
STREET ADDRESS ONE BEACON STREET		23 STREET ADDRESS	
CITY-ST-ZIP BOSTON MA		24 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEBER, JOHN A.		32 NAME	
STREET ADDRESS ONE BEACON STREET		33 STREET ADDRESS	
CITY-ST-ZIP BOSTON MA		34 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOWDY, ROBERT C.		4.2 NAME	Gowdy, Robert C.
STREET ADDRESS ONE BEACON STREET		4.3 STREET ADDRESS	One Beacon Street
CITY-ST-ZIP BOSTON MA		4.4 CITY-ST-ZIP	Boston, MA 02108
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, DENNIS R.		5.2 NAME	
STREET ADDRESS ONE BEACON STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP BOSTON MA		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in any attachment with an address.

SIGNATURE:  **Dennis R. Smith** 4/7/97 (617) 725-6000
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6000022

CR2E034 (9/96)