

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

FILED
Apr 10 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 # 814107 (9)

1. Corporation Name
AGRICULTURAL INSURANCE COMPANY



Principal Place of Business 580 WALNUT STREET CINCINNATI OH 45202	Mailing Address 580 WALNUT STREET CINCINNATI OH 45202-3110
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/19/1959	3a. Date of Last Report 04/10/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 15-6020948	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3.	
		B4. City	FL B5. 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 _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDNER, S. CRAIG	1.2 NAME	(SEE ATTACHED FOR COMPLETE OFFICER & DIRECTOR LIST)
STREET ADDRESS	ONE EAST FOURTH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	1.4 CITY-ST-ZIP	
TITLE	CPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDNER, CARL H., III	2.2 NAME	
STREET ADDRESS	580 WALNUT ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	
TITLE	DSVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUBER, GARY J	3.2 NAME	
STREET ADDRESS	580 WALNUT ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	
TITLE	SVD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHROAT, JERRY T.	4.2 NAME	
STREET ADDRESS	580 WALNUT ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	4.4 CITY-ST-ZIP	
TITLE	DSVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, THOMAS A.	5.2 NAME	
STREET ADDRESS	580 WALNUT STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	5.4 CITY-ST-ZIP	
TITLE	AVPS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, RONALD C.	6.2 NAME	
STREET ADDRESS	580 WALNUT ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	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)(f), 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 on an attachment with an address.

EVE CUTLER ROSEN, VICE PRESIDENT
 SIGNATURE: *Eve Cutler Rosen* **4/3/97** **513-369-5013**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

AGRICULTURAL INSURANCE COMPANY

OFFICERS AND DIRECTORS

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	
Robert F. Amory	Director/Sr. Vice President & Treasurer	580 Walnut Street	Cincinnati, OH 45202
Gary J. Gruber	Director/Sr. Vice President	580 Walnut Street	Cincinnati, OH 45202
Thomas A. Hayes	Director/Sr. Vice President	580 Walnut Street	Cincinnati, OH 45202
Karen Holley Horrell	Director/Sr. Vice President/General Counsel/Secretary	580 Walnut Street	Cincinnati, OH 45202
Donald D. Larson	Director/Sr. Vice President	580 Walnut Street	Cincinnati, OH 45202
Carl H. Lindner III	Director/Chairman/ President	580 Walnut Street	Cincinnati, OH 45202
S. Craig Lindner	Director	One East 4th Street	Cincinnati, OH 45202
John J. McGovern	Sr. Vice President	3105 Glenwood Avenue	Raleigh, NC 27612
John J. Twomey	Sr. Vice President	49 East 4th Street	Cincinnati, OH 45202
John L. Doellman	Vice President/ Actuary	580 Walnut Street	Cincinnati, OH 45202
Allen F. Eling	Vice President	580 Walnut Street	Cincinnati, OH 45202
Eve Cutler Rosen	Vice President/ Asst. Secretary	580 Walnut Street	Cincinnati, OH 45202
Jerry S. Runnels	Vice President	580 Walnut Street	Cincinnati, OH 45202
Roger Smith	Vice President & Controller	580 Walnut Street	Cincinnati, OH 45202
Kathleen Brown	Asst. Vice President	One East 4th Street	Cincinnati, OH 45202
Ronald C. Hayes	Asst. Vice President/ Asst. Secretary	580 Walnut Street	Cincinnati, OH 45202
Robert J. Schwartz	Asst. Vice President & Asst. Controller	580 Walnut Street	Cincinnati, OH 45202
Robert J. Schwelkert	Asst. Vice President & Asst. Treasurer	580 Walnut Street	Cincinnati, OH 45202
Thomas E. Mischell	Asst. Treasurer	One East 4th Street	Cincinnati, OH 45202
Fred J. Runk	Asst. Treasurer	One East 4th Street	Cincinnati, OH 45202