

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90108 033 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 814107

1. Corporation Name
AGRICULTURAL INSURANCE COMPANY



Principal Place of Business
**580 WALNUT STREET
 CINCINNATI OH 45202**

Mailing Address
**580 WALNUT STREET
 CINCINNATI OH 45202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/19/1959

4. FEI Number
15-6020948

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	LINDNER, S. CRAIG	
STREET ADDRESS	ONE EAST FOURTH ST	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	LINDNER, CARL H., III	
STREET ADDRESS	580 WALNUT ST.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	GRUBER, GARY J	
STREET ADDRESS	580 WALNUT ST.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	HAYES, THOMAS A.	
STREET ADDRESS	580 WALNUT STREET	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	AVPS	<input type="checkbox"/> DELETE
NAME	HAYES, RONALD C.	
STREET ADDRESS	580 WALNUT ST.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	See attached for complete O&D listing
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 on an attachment with an address, with all other like empowered.

Eve Cutler Rosen, Vice President

SIGNATURE: *Eve Cutler Rosen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/99

Date

513-369-5853

Daytime Phone #

CR2E034 (1/98)

234649-90108-33
814107

AGRICULTURAL INSURANCE COMPANY

OFFICERS AND DIRECTORS

NAME	TITLE	ADDRESS
Robert F. Amory	Director, Sr. Vice President & Treasurer	580 Walnut Street Cincinnati, OH 45202
Gary Gruber	Director, Sr. Vice President	580 Walnut Street Cincinnati, OH 45202
Karen Holley Horrell	Director, Sr. Vice President, General Counsel & Secretary	580 Walnut Street Cincinnati, Ohio 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 4 th Street Cincinnati, OH 45202
Robert E. Maly	Director	49 East Fourth Street Cincinnati, OH 45202
John J. Twomey	Sr. Vice President	49 East 4 th 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 & Assistant Secretary	580 Walnut Street Cincinnati, OH 45202
Roger Smith	Vice President & Controller	580 Walnut Street Cincinnati, OH 45202
Kathleen Brown	Assistant Vice President	One East 4 th Street Cincinnati, OH 45202
Paul G. Friedmann	Assistant Vice President & Assistant Treasurer	580 Walnut Street Cincinnati, OH 45202
Ronald C. Hayes	Assistant Vice President & Assistant Secretary	580 Walnut Street Cincinnati, OH 45202
Robert H. Schwartz	Assistant Vice President & Assistant Controller	580 Walnut Street Cincinnati, OH 45202
Robert J. Schweikert	Assistant Vice President	580 Walnut Street Cincinnati, OH 45202
Thomas E. Mischell	Assistant Treasurer	One East 4 th Street Cincinnati, OH 45202
Fred J. Runk	Assistant Treasurer	One East 4 th Street Cincinnati, OH 45202