

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS



11 4506540  
GLOBAL AMERICAN CASUALTY COMPANY

DOCUMENT # **F95000002122 (8)**

1. Corporation Name

**MID-AMERICAN FIRE & CASUALTY CO.**

Principal Place of Business

1700 EDISON DR.  
MILFORD OH 45150

Mailing Address

1700 EDISON DR.  
MILFORD OH 45150

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300

81	Name
82	Street Address (P.O. Box Numbers Not Acceptable)
83	
84	City
85	Zip Code

3. Date Incorporated or Created	3a. Date of Last Report
05/01/1995	
4. FEI Number	Applied For
31-0973279	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 checked="" type="checkbox"/> No
10. Name and Address of New Registered Agent	

11. Pursuant to the provisions of Sections 607.01(2) and 609, 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 I accept the obligations of, Section 607.01(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1	PD YERRILL, VICTOR M 61 BROADWAY NEW YORK NY 10006	<input checked="" type="checkbox"/>	DELETE
12.2	V MELVIN, JOHN A 1700 EDISON DR. MILFORD OH 45150	<input checked="" type="checkbox"/>	DELETE
12.3	S GREENE, HOWARD W 61 BROADWAY NEW YORK NY 10006	<input checked="" type="checkbox"/>	DELETE
12.4	T SCAHILL, DONALD A 1700 EDISON DR. MILFORD OH 45150	<input type="checkbox"/>	DELETE
12.5	D HASKOWITZ, HOWARD 61 BROADWAY NEW YORK NY 10006	<input type="checkbox"/>	DELETE
12.6	D CARR, JOHN P 61 BROADWAY NEW YORK NY 10006	<input type="checkbox"/>	DELETE

13.1	President	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
13.2	Howard Haskowitz 61 Broadway, 33rd Floor New York, NY 10006				
13.3	Vice-President	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
13.4	Randy L. Hoyle 11611 North Meridian Street, Suite 600 Carmel, IN 46032				
13.5	Secretary	<input checked="" type="checkbox"/>	Change	<input type="checkbox"/>	Addition
13.6	Neil R. Pearson 61 Broadway, 33rd Floor New York, NY 10006				
13.7		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
13.8		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
13.9		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
13.10		<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 promoter 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 attached sheet with an address.

SIGNATURE: *Donald A. Scahill* Donald A. Scahill February 12, 1996 (513) 576-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)