

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

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Mar 19 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 # 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 45150-2729
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3. Date Incorporated or Qualified 05/01/1995	3a. Date of Last Report 02/29/1996
4. FEI Number 31-0973279	Applied For 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	

2. Principal Place of Business 21 6281 Tri-Ridge Blvd. Suite, Apt. #, etc. 22 City & State 23 Loveland, OH Zip 24 45140	2a. Mailing Address 26 6281 Tri-Ridge Blvd. Suite, Apt. #, etc. 27 City & State 28 Loveland, OH Zip 29 45140	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399-0300	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
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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 P	HASKOWITZ, HOWARD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	61 BROADWAY, 33RD FLOOR	1.2 NAME	
STREET ADDRESS	NEW YORK NY	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VP	HOYLE, RANDY L <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VP
NAME	11611 NORTH MERIDIAN STREET, SUITE 600	2.2 NAME	Jeffrey A. Kirk
STREET ADDRESS	CARMEL IN	2.3 STREET ADDRESS	11611 N. Meridian St., Ste 600
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Carmel, IN 46032
TITLE S	PEARSON, NEIL R <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S;VP
NAME	61 BROADWAY, 33RD FLOOR	3.2 NAME	Elliot S. Orol
STREET ADDRESS	NEW YORK NY	3.3 STREET ADDRESS	61 Broadway, 33rd Floor
CITY-ST-ZIP		3.4 CITY-ST-ZIP	New York, NY 10006
TITLE T	SCAHILL, DONALD A <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T;VP
NAME	1700 EDISON DR.	4.2 NAME	
STREET ADDRESS	MILFORD OH 45150	4.3 STREET ADDRESS	6281 Tri-Ridge Blvd.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Loveland, OH 45140
TITLE D	HASKOWITZ, HOWARD <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	61 BROADWAY	5.2 NAME	
STREET ADDRESS	NEW YORK NY 10006	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	CARR, JOHN P <input checked="" type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D
NAME	61 BROADWAY	6.2 NAME	John G. Campbell
STREET ADDRESS	NEW YORK NY 10006	6.3 STREET ADDRESS	6281 Tri-Ridge Blvd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Loveland, OH 45140

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 on an attachment with an address.

SIGNATURE: *Donald A. Scahill* Donald A. Scahill 3/3/97 513-576-3200

CR2E034 (9/96)