

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

FILED
May 05 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 # P18863 (1)

1. Corporation Name
AMERICAN EAGLE INSURANCE COMPANY

Principal Place of Business 12801 NORTH CENTRAL EXPRESSWAY SUITE 800 DALLAS TX 75243	Mailing Address 12801 NORTH CENTRAL EXPRESSWAY SUITE 800 DALLAS TX 75243-1727
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1988	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 22-2578250	Applied For Not Applicable
23. Zip	25. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Name and Address of Current Registered Agent		29. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25. Name and Address of Current Registered Agent		29. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

INSURANCE COMMISSIONER OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32301

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	FL

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	SVD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, FREDERICK G.	1.2 NAME	
STREET ADDRESS	12801 N. CEN EXPRESSWAY	1.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAS TX	1.4 CITY- ST- ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASS, GEORGE F	2.2 NAME	
STREET ADDRESS	12801 N. CEN. EXPRESSWAY	2.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAS TX	2.4 CITY- ST- ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENERO, JOSEPH L	3.2 NAME	
STREET ADDRESS	12801 N. CEN. EXPRESSWAY	3.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAS TX	3.4 CITY- ST- ZIP	
TITLE	TV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTOVER, MICHAEL G.	4.2 NAME	
STREET ADDRESS	12801 N. CENTRAL EXPWAY.	4.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAS TX	4.4 CITY- ST- ZIP	
TITLE	VDCF	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURZ, RICHARD M.	5.2 NAME	
STREET ADDRESS	12801 N. CEN EXPRESSWAY	5.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAS TX	5.4 CITY- ST- ZIP	
TITLE	CD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, M PHILIP	6.2 NAME	C/D/P
STREET ADDRESS	12801 N. CEN. EXPRESSWAY	6.3 STREET ADDRESS	
CITY- ST- ZIP	DALLAS TX	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 on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0494835

CR2E034 (9/96)

AMERICAN EAGLE INSURANCE COMPANY

Officers and Directors (continued)

D/V

**George C. Hill
655 University, Suite 100
Sacramento, California 95825**

D/ P of Aviation Division

**Allen N. Walton
12801 North Central Expressway, Suite 800
Dallas, Texas 75243**

V

**Michael S. Basta
12801 North Central Expressway, Suite 800
Dallas, Texas 75243**

D/V

**Robert W. Conrey
12801 North Central Expressway, Suite 800
Dallas, Texas 75243**

V

**David O. Daniels
655 University, Suite 100
Sacramento, California 95825**

V

**Norbert R. Hohlbein
655 University, Suite 100
Sacramento, California 95825**

V

**Christopher C. Jones
12801 North Central Expressway, Suite 800
Dallas, Texas 75243**

V

**Helen F. Knight
12801 North Central Expressway, Suite 800
Dallas, Texas 75243**

D/V

**John P.S. Leigh
12801 North Central Expressway, Suite 800
Dallas, Texas 75243**

V

Mark W. McManaman
12801 North Central Expressway, Suite 800
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V

Leonard F. Robinson
655 University, Suite 100
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V

Suzanne R. Solomon
711 West 40th Street, Suite 356
Baltimore, Maryland 21211

V

Ronald D. Taylor
12801 North Central Expressway, Suite 800
Dallas, Texas 75243

V

Brent Warrington
12801 North Central Expressway, Suite 800
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