FILE NOW: FILING FEE AFTER MAY 1 IS $2

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT
Sandra B. Mortha
Secretary of Sta
DIVISION OF CORPOR

000037990-96-371-1
AMERICAN EMPIRE INSURANCE COMPANY
Fire & Casualty-Annual Statement

AND FILED
95 FEB 27 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25327** **(8)**

1. Corporation Name
AMERICAN EMPIRE INSURANCE COMPANY

Principal Place of Business	Mailing Address
515 MAIN ST. CINCINNATI OH 45202	515 MAIN ST. CINCINNATI OH 45202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/19/1989**
3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **31-0973761** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BUILDING
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

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
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	WALSH, JOSEPH M.	12 NAME	
STREET ADDRESS	515 MAIN ST.	13 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	SNYDER, WALTER E	22 NAME	
STREET ADDRESS	515 MAIN ST.	23 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	HORRELL, KAREN H.	32 NAME	
STREET ADDRESS	580 WALNUT ST.	33 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	34 CITY-ST-ZIP	
TITLE	TAV	41 TITLE	☐ Change ☐ Addition
NAME	HELD, T. MATTHEW	42 NAME	
STREET ADDRESS	515 MAIN ST.	43 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	44 CITY-ST-ZIP	
TITLE	VCD	51 TITLE	☐ Change ☐ Addition
NAME	LINDNER, CARL H., III	52 NAME	
STREET ADDRESS	580 WALNUT ST.	53 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	NELSON, ROBERT	62 NAME	
STREET ADDRESS	515 MAIN ST.	63 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	64 CITY-ST-ZIP	

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)(i), Florida Statutes. 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: T. Matthew Held 2/21/95 (513) 369-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Telephone Number

0284891 CP

AMERICAN EMPIRE INSURANCE COMPANY
580 MAIN STREET
P.O. BOX 5370
CINCINNATI, OH 45201
513/369-3000
FAX 513/369-3034

February 21, 1995

State of Florida
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallkahassee, FL 32302-1500

RE: 1995 ANNUAL REPORT

To whom it may concern:

Enclosed is the following for the American Empire Insurance Company due May 1, 1995:

- 1995 Corporation Annual Report
- Check for $200.00, Filing Fee

Sincerely,

T. Matthew Held
Assistant Vice President & Treasurer

TMH/dws

enclosures