FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26031** **(5)**

1. Corporate Name
EAGLE AMERICAN INSURANCE COMPANY

Principal Place of Business	Mailing Address
580 WALNUT STREET CINCINNATI OH 45202	580 WALNUT STREET CINCINNATI OH 45202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/11/1989	04/26/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # or Bldg.	Suite, Apt. # or Bldg.
22	27
City & State	City & State
23	28
Zip / County	Zip / County
24 / 25	29 / 30

4. FEI Number: 31-1209419 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32301	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 (Required if this is a change of registered agent. Type or print name and title of signer.) (Registered Agent's signature required if this is a change of registered office or registered agent.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
12 TITLE	PCD	13 TITLE	☐ Change ☐ Addition
12 NAME	LINDNER, CARL H., III	13 NAME	
12 STREET ADDRESS	580 WALNUT STREET	13 STREET ADDRESS	
12 CITY ST ZIP	CINCINNATI OH	13 CITY ST ZIP	
12 TITLE	SVD	13 TITLE	☐ Change ☐ Addition
12 NAME	LARSON, DONALD D	13 NAME	
12 STREET ADDRESS	580 WALNUT STREET	13 STREET ADDRESS	
12 CITY ST ZIP	CINCINNATI OH	13 CITY ST ZIP	
12 TITLE	VAS	13 TITLE	☐ Change ☐ Addition
12 NAME	ROSEN, EVE CUTLER	13 NAME	
12 STREET ADDRESS	580 WALNUT STREET	13 STREET ADDRESS	
12 CITY ST ZIP	CINCINNATI OH	13 CITY ST ZIP	
12 TITLE	AVP	13 TITLE	☐ Change X Addition
12 NAME	HAYES, RONALD C.	13 NAME	AVP, ASST. SEC.
12 STREET ADDRESS	580 WALNUT ST	13 STREET ADDRESS	Hayes, Ronald C.
12 CITY ST ZIP	CINCINNATI OH	13 CITY ST ZIP	580 Walnut St.
12 TITLE	AT	13 TITLE	Cincinnati, OH ☐ Change ☐ Addition
12 NAME	RUNK, FRED J	13 NAME	
12 STREET ADDRESS	1 EAST FOURTH ST	13 STREET ADDRESS	
12 CITY ST ZIP	CINCINNATI OH	13 CITY ST ZIP	
12 TITLE		13 TITLE	☐ Change ☐ Addition
12 NAME		13 NAME	
12 STREET ADDRESS		13 STREET ADDRESS	
12 CITY ST ZIP		13 CITY ST ZIP	

14. To the best of my knowledge, I 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. 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 with an address, with an asterisk, or on an attachment with an address.

SIGNATURE: Eve Cutler Rosen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Eve Cutler Rosen, Vice President & Asst. Secretary — 4/20/95 — 513-369-5013

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P26037

EAGLE AMERICAN INSURANCE COMPANY

OFFICERS AND DIRECTORS

NAME	TITLE	ADDRESS	
Gary J. Gruber	Director/Sr. Vice President/Treasurer	580 Walnut Street	Cincinnati, OH 45202
Thomas A. Hayes	Director	580 Walnut Street	Cincinnati, OH 45202
Karen Holley Horrell	Director/Sr. Vice President/General Counsel/Secretary	580 Walnut Street	Cincinnati, OH 45202
Donald D. Larson	Director	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 4th Street	Cincinnati, OH 45202
Jerry T. Shroat	Director/Sr. Vice President	580 Walnut 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
Fred C. Newman	Vice President	49 East Fourth Street	Cincinnati, OH 45202
Eve Cutler Rosen	Vice President/ Asst. Secretary	580 Walnut Street	Cincinnati, OH 45202
Michael J. Schulze	Vice President	580 Walnut Street	Cincinnati, OH 45202
Roger Smith	Vice President	580 Walnut Street	Cincinnati, OH 45202
Kathleen Brown	Asst. Vice President	One East 4th Street	Cincinnati, OH 45202
Ronald C. Hayes	Asst. Vice President/ Asst. Secretary	580 Walnut Street	Cincinnati, OH 45202
Thomas E. Mischell	Asst. Treasurer	One East 4th Street	Cincinnati, OH 45202
Fred J. Runk	Asst. Treasurer	One East 4th Street	Cincinnati, OH 45202

As of March 31, 1995

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P26172** **(7)**

1. Corporate Name
VOPCO INC.

Principal Place of Business
575 SEVENTH AVENUE
NEW YORK NY 10018

Mailing Address
575 SEVENTH AVENUE
NEW YORK NY 10018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/25/1989**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
ZIP — 24 / 29
County — 25 / 30

4. FEI Number: **22-2787904** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	S	Title	SECRETARY ☒ Change ☐ Addition
Name	MESICK, THOMAS P.	Name	MAUREEN CASY
Street Address	2294 OAK STREET	Street Address	284 SUSSEX ROAD
City, St, ZIP	N. MERRICK NY	City, St, ZIP	WOODBRIDGE, NJ 07075
Title	PTD	Title	☐ Change ☐ Addition
Name	VITTADINI, GIANLUIGI	Name	
Street Address	1115 5TH AVE.	Street Address	
City, St, ZIP	NEW YORK NY	City, St, ZIP	
Title	VD	Title	☐ Change ☐ Addition
Name	MORROW, ORNELLA	Name	
Street Address	785 PARK AVE., 18C	Street Address	
City, St, ZIP	NEW YORK NY	City, St, ZIP	
Title	CD	Title	☐ Change ☐ Addition
Name	VITTADINI, ADRIENNE	Name	
Street Address	1115 5TH AVE.	Street Address	
City, St, ZIP	NEW YORK NY	City, St, ZIP	
Title		Title	VICE PRESIDENT-FINANCE ☐ Change ☒ Addition
Name		Name	RONALD VENTRICELLI
Street Address		Street Address	60 HIGGINS ROAD
City, St, ZIP		City, St, ZIP	OLD BRIDGE, NJ 08857
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City, St, ZIP		City, St, ZIP	

14. I declare (I certify), that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 13 or 14 above, or on an attachment with an address.

SIGNATURE: Ronald Ventricelli — RONALD VENTRICELLI 4-27-95 (201)-861-5226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — V.P. Finance — Date — Telephone Number

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