


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

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Mar 04 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P25327 (8)</b>					
1. Corporation Name <b>AMERICAN EMPIRE INSURANCE COMPANY</b>					
Principal Place of Business <b>515 MAIN ST. CINCINNATI OH 45202</b>			Mailing Address <b>515 MAIN ST. CINCINNATI OH 45202</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/19/1989</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>31-0973761</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>FLORIDA INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32399-0300</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	CD	<input type="checkbox"/> DELETE			
NAME	<b>WALSH, JOSEPH M.</b>				
STREET ADDRESS	<b>515 MAIN ST.</b>				
CITY-ST-ZIP	<b>CINCINNATI OH</b>				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	<b>SNYDER, WALTER E</b>				
STREET ADDRESS	<b>515 MAIN ST.</b>				
CITY-ST-ZIP	<b>CINCINNATI OH</b>				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	<b>HORRELL, KAREN H.</b>				
STREET ADDRESS	<b>580 WALNUT ST.</b>				
CITY-ST-ZIP	<b>CINCINNATI OH</b>				
TITLE	TAV	<input type="checkbox"/> DELETE			
NAME	<b>HELD, T. MATTHEW</b>				
STREET ADDRESS	<b>515 MAIN ST.</b>				
CITY-ST-ZIP	<b>CINCINNATI OH</b>				
TITLE	VCD	<input type="checkbox"/> DELETE			
NAME	<b>LINDNER, CARL H., III</b>				
STREET ADDRESS	<b>580 WALNUT ST.</b>				
CITY-ST-ZIP	<b>CINCINNATI OH</b>				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	<b>NELSON, ROBERT</b>				
STREET ADDRESS	<b>515 MAIN ST.</b>				
CITY-ST-ZIP	<b>CINCINNATI OH</b>				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

T. Matthew Held 2/17/98 (513) 369-3000

CR2E034 (10/97)