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

PROFIT *CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(8)

AMERICAN EMPIRE INSURANCE COMPANY

Principal Place of Business	Mailing Address	
515 MAIN ST. CINCINNATI OH 45202	515 MAIN ST. CINCINNATI OH 45202	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
2	27	

FILED Mar 04 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address								
515 MAIN ST		515 MAIN ST.						
CINCINNATI OH 45202		CINCINNATI OH 45202			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					07/19/1989			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
21		26				ot Applicable		
Suite, Apt. #, etc.		— —	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional	
22 City & Ciato		27				equired		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
23 Zip	Country		Coun	tor				
24	25		30	u y	 This corporation owes or has paid the or Personal Property Tax due June 30. 	·	itangible No	
24	9. Name and Address of Curr		301		10. Name and Address of New Registered		7 140	
EI (ORIDA INSURANCE COMMISSI			1 Name	10,			
		ONLA						
Capitol Building Tallahassee FL 323 99 -0300			1	Street Add	dress (P.O. Box Number is Not Acceptable)			
IA	LDANASSEE PL 32399-0300		la la	3				
				· ·				
			[14 City	F	85 Zip	Code	
44 Durnmant	to the provisions of Sections 607.0	E02 and 607 1E09 Florida Statuta	o the sh	vo named cor	poration submits this statement for the purpose		to conjetorod	
office or r	registered agent, or both, in the Sta im familiar with, and accept the obt	ile of Florida. Such change was a	uthorized	by the corpora	ation's board of directors. I hereby accept the ap	pointment as	registered	
SIGNATURE	 							
12.	Signature typed or printed name of registered of OFFICERS A	ND DIRECTORS	13.	gent signature requ	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	29 IN 12	
TITLE	CD	DELETE	1.1 TITL	F	ADDITIONAJONANAZO TO OTI IOZNO AL	Change	Addition	
NAME	WALSH, JOSEPH M.		1,2 NAM					
STREET ADDRESS	515 MAIN ST.			ET ADORESS				
i	CINCINNATI OH							
CITY-ST-ZIP TITLE	PD	DELETE	2.1 TITL	-ST-ZIP		Change	Addition	
NAME	SNYDER, WALTER E		2.2 NAM					
STREET ADDRESS	515 MAIN ST.			ET ADORESS				
	CINCINNATI OH				n, an			
CITY-ST-ZIP TITLE	SD	☐ DELETE	3.1 TITE	/-ST-ZIP		Change	Addition	
NAME	HORRELL, KAREN H.	P PECELE	3.2 NAM	- 1				
STREET ADDRESS	580 WALNUT ST.			ET ADDRESS				
	CINCINNATI OH							
CITY-ST-ZIP TITLE	TAV	☐ DELETE	4.1 TITL	-ST-ZIP		Change	Addition	
	HELD, T. MATTHEW	occe,e	4. 2 NAM			Jiming!	1.00mpri	
NAME CTOTET ADDRESS	515 MAIN ST.			1				
STREET ADORESS	CINCINNATI OH			ET ADORESS				
CITY-ST-ZIP	VCD	DELETE	_	- \$T - ZIP		☐ Change	Addition	
TITLE	LINDNER, CARL H., III	C DECER	5.1 TITL			☐ cuantite	Addition	
NAME	580 WALNUT ST.		5.2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	CINCINNATI OH	Deceme	5.4 City			110	1 4 3 3 3 3 3 3	
TITLE	VD MELCON BODEOT	☐ DELETE	6.1 TITU	1		☐ Change	Addition	
NAME	NELSON, ROBERT		6.2 NAM	E				
STREET ADDRESS	515 MAIN ST.		6.3 STRE	ET ADDRESS				
DITY OF 310	CINCINNATI OH		D 4 0 171	07 7:0 I			1	

14. I 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 or an altachment with an address

Matthew Held

2/17/98

(513) 369-3000