

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **831347** (0)
1. Corporation Name
EMPIRE FIRE AND MARINE INSURANCE COMPANY

Principal Place of Business 1624 DOUGLAS ST OMAHA NE 68102 US	Mailing Address 1624 DOUGLAS ST OMAHA NE 68102 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13810 FNB Parkway Suite, Apt. #, etc. 22 City & State 23 Omaha NE Zip 24 68154-5202 Country 25 US		2a. Mailing Address 26 13810 FNB Parkway Suite, Apt. #, etc. 27 City & State 28 Omaha NE Zip 29 68154-5202 Country 30 US		3. Date incorporated or Qualified 11/30/1973	4. FEI Number 47-6022701 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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 INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32304		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	
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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 NAME STREET ADDRESS CITY-ST-ZIP	VS BONES, AMY S 1624 DOUGLAS ST OMAHA NE <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13810 FNB Parkway
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCARTNEY, JOHN J. 1624 DOUGLAS STREET OMAHA NE <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13810 FNB Parkway
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTER, LOREN J 800 NORTH PLAZA DRIVE SCHAUMBURG IL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PURCELL, K. H. 1624 DOUGLAS ST OMAHA NE <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13810 FNB Parkway
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLIN, STUART L. 800 NORTH PLAZA DRIVE SCHAUMBURG IL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Paulsen, John W. 13810 FNB Parkway Omaha NE 68154-5202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARRAND, DONALD L 1624 DOUGLAS ST OMAHA NE 68102 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13810 FNB Parkway

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 on an attachment, with an address.

SIGNATURE

Kevin Purcell

Kevin Purcell

4/29/98 (402) 963-5000

CR2E034 (10/97)