

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P25327

1. Entity Name

AMERICAN EMPIRE INSURANCE COMPANY

Principal Place of Business

Mailing Address

515 MAIN ST.
CINCINNATI OH 45202

515 MAIN ST.
CINCINNATI OH 45202-3207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 31-0973761

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32399-0300

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME LINDNER, CARL III
STREET ADDRESS 580 WALNUT ST
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME SNYDER, WALTER E
STREET ADDRESS 515 MAIN ST.
CITY-ST-ZIP CINCINNATI OH

TITLE PD ☐ Change ☒ Addition
NAME Robert A. Nelson
STREET ADDRESS 515 Main Street
Cincinnati, Ohio 45202

TITLE SD ☐ Delete
NAME HORRELL, KAREN H.
STREET ADDRESS 580 WALNUT ST.
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TAV ☐ Delete
NAME HELD, T. MATTHEW
STREET ADDRESS 515 MAIN ST.
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCD ☐ Delete
NAME GRUBER, GARY
STREET ADDRESS 580 WALNUT ST
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME NELSON, ROBERT
STREET ADDRESS 515 MAIN ST.
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Matthew Held

2/15/2000

Date

(513) 369-3000

Daytime Phone #

CR2E034 (9/99)