2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25327

FILED Jan 06, 2011 Secretary of State

Entity Name: AMERICAN EMPIRE INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

580 WALNUT STREET 10TH FLOOR WEST CINCINNATI, OH 45202

Current Mailing Address: New Mailing Address:

PO BOX 5370 CINCINNATI, OH 45201

FEI Number: 31-0973761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 323990000 US

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

in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: WOEBSE, FREDERICK J Address: 580 WALNUT STREET City-St-Zip: CINCINNATI, OH 45202

Title: SD

Name: HORRELL, KAREN H.
Address: 580 WALNUT ST.
City-St-Zip: CINCINNATI, OH

Title: VPT

Name: HELD, T. MATTHEW
Address: 580 WALNUT STREET
City-St-Zip: CINCINNATI, OH 45202

Title: C

Name: BRICHLER, RONALD J Address: DIXIE TERMINAL NORTH City-St-Zip: CINCINNATI, OH 45202

Title: SVP

Name: POTRAFKE, LARRY S Address: 580 WALNUT STREET City-St-Zip: CINCINNATI, OH 45202

Title:

 Name:
 JENSEN, KEITH A

 Address:
 580 WALNUT STREET

 City-St-Zip:
 CINCINNATI, OH 45202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: T. MATTHEW HELD VPT 01/06/2011