

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25327

Entity Name: AMERICAN EMPIRE INSURANCE COMPANY**Current Principal Place of Business:**301 E. 4TH STREET
CINCINNATI, OH 45202-4201**Current Mailing Address:**PO BOX 5370
CINCINNATI, OH 45201**FEI Number:** 31-0973761**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399-0000 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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name ERHART, SUE
Address 301 E. 4TH STREET
City-State-Zip: CINCINNATI OH 45202-4201

Title D, EVP
Name BRICHLER, RONALD J
Address 301 E. 4TH STREET
City-State-Zip: CINCINNATI OH 45202-4201

Title D, COB, P
Name GRUBER, GARY J
Address 301 E. 4TH STREET
City-State-Zip: CINCINNATI OH 45202-4201

Title D
Name GILLIS, MICHELLA A
Address 301 E. 4TH ST.
City-State-Zip: CINCINNATI OH 45202

Title D, EVP
Name SULLIVAN, MICHAEL E JR
Address 301 E. 4TH ST.
City-State-Zip: CINCINNATI OH 45202

Title D, SVP, CFO, T
Name WITZGALL, DAVID J
Address 301 E. 4TH ST
City-State-Zip: CINCINNATI OH 45202

Title SVP
Name LATTO, AARON B
Address 301 E. 4TH ST
City-State-Zip: CINCINNATI OH 45202

Title SVP
Name THOMPSON, DAVID L JR
Address 301 E. 4TH ST
City-State-Zip: CINCINNATI OH 45202

Continues on page 2

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: ROBERT J ZBACNIK**ASSISTANT TREASURER 03/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	AT
Name	ZBACNIK, ROBERT J
Address	301 E. 4TH ST
City-State-Zip:	CINCINNATI OH 45202