

2018 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	PD
Name	LONNEMAN, MARK R
Address	301 E. 4TH STREET
City-State-Zip:	CINCINNATI OH 45202-4201

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

Title	SVP
Name	HELD, T. MATTHEW
Address	301 E. 4TH STREET
City-State-Zip:	CINCINNATI OH 45202-4201

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

Title	SVP
Name	BLUMBERG, DAVID L
Address	301 E. 4TH STREET
City-State-Zip:	CINCINNATI OH 45202-4201

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

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**SR. VP & TREASURER****01/08/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date