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Mar 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 801174 (4)  
1. Corporation Name  
AMERICAN HARDWARE MUTUAL INSURANCE COMPANY



Principal Place of Business  
471 EAST BROAD STREET  
COLUMBUS OH 43215  
US

Mailing Address  
471 EAST BROAD STREET  
COLUMBUS OH 43215-3842  
US

3. Date Incorporated or Qualified 07/25/1919	3a. Date of Last Report 05/29/1996
4. FEI Number 41-0299900	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
STATE OF FLORIDA  
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
85. Zip Code

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 type: 1. 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	V/D	1.1 TITLE	C/P/D
NAME	OGG, THOMAS C.	1.2 NAME	Rabold, Robert E.H.
STREET ADDRESS	471 EAST BROAD STREET	1.3 STREET ADDRESS	471 East Broad Street
CITY-ST-ZIP	COLUMBUS OH 43215	1.4 CITY-ST-ZIP	Columbus OH 43215
TITLE	D	2.1 TITLE	S/D
NAME	DECKKER, ALAN N.	2.2 NAME	Wharton, Garry L.
STREET ADDRESS	4571 LANGPORT ROAD	2.3 STREET ADDRESS	471 East Broad Street
CITY-ST-ZIP	COLUMBUS OH 43220	2.4 CITY-ST-ZIP	Columbus OH 43215
TITLE	D	3.1 TITLE	T/D
NAME	TAYLOR, BURTIS G.	3.2 NAME	Wiseman, Michael L.
STREET ADDRESS	3122 EAST PEBBLE CREEK DR.	3.3 STREET ADDRESS	471 East Broad Street
CITY-ST-ZIP	AVON PARK FL 33825	3.4 CITY-ST-ZIP	Columbus OH 43215
TITLE		4.1 TITLE	V/D
NAME		4.2 NAME	Lemon, David W.
STREET ADDRESS		4.3 STREET ADDRESS	5995 Opus Parkway
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Minnetonka MN 55343
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Garry L. Wharton* Garry L. Wharton 3/4/97 (614) 225-8211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)