


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/25/1919	
4. FEI Number 41-0299900		Applied For <input type="checkbox"/> 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"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 FL	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V/D	<input type="checkbox"/> DELETE	1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	OGG, THOMAS C.		1.2 NAME	Lemon, David W.			
STREET ADDRESS	471 EAST BROAD STREET		1.3 STREET ADDRESS	5995 Opus Parkway			
CITY-ST-ZIP	COLUMBUS OH 43215		1.4 CITY-ST-ZIP	Minnetonka, MN 55343			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DECKKER, ALAN N.		2.2 NAME	Dekker, Alan N.			
STREET ADDRESS	4571 LANGPORT ROAD		2.3 STREET ADDRESS	4571 Langport Rd.			
CITY-ST-ZIP	COLUMBUS OH 43220		2.4 CITY-ST-ZIP	Columbus, OH 43215			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAYLOR, BURTIS G.		3.2 NAME				
STREET ADDRESS	3122 EAST PEBBLE CREEK DR.		3.3 STREET ADDRESS				
CITY-ST-ZIP	AVON PARK FL 33825		3.4 CITY-ST-ZIP				
TITLE	CPD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RABOLD, ROBERT E.H.		4.2 NAME				
STREET ADDRESS	471 E. BROAD ST.		4.3 STREET ADDRESS				
CITY-ST-ZIP	COLUMBUS OH		4.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHARTON, GARRY L.		5.2 NAME				
STREET ADDRESS	471 E. BROAD ST.		5.3 STREET ADDRESS				
CITY-ST-ZIP	COLUMBUS OH		5.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WISEMAN, MICHAEL L.		6.2 NAME				
STREET ADDRESS	471 E. BROAD ST.		6.3 STREET ADDRESS				
CITY-ST-ZIP	COLUMBUS OH		6.4 CITY-ST-ZIP				

14. 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 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: Michael L. Wiseman Michael L. Wiseman 3/20/98 614-225-8211

CR2E034 (10/97)