

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 831347

FILED
Jan 18, 2007
Secretary of State

Entity Name: EMPIRE FIRE AND MARINE INSURANCE COMPANY

Current Principal Place of Business:

13810 FNB PKWY
OMAHA, NE 681545202 US

New Principal Place of Business:

Current Mailing Address:

13810 FNB PKWY
OMAHA, NE 381545202 US

New Mailing Address:

FEI Number: 47-6022701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: LEHMANN, AXEL
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

Title: DSEC () Delete
Name: BOWERS, DAVID A
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

Title: DP () Delete
Name: LOUIS, MANNELLO J
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

Title: DEVP () Delete
Name: PATALANO, FRANK
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

Title: DEVP () Delete
Name: RAND, STEVE P
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

Title: SVPT (X) Delete
Name: CALLAHAN, MARYFRAN
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DEVP (X) Change () Addition
Name: MALLIE, TINA
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

Title: DEVP (X) Change () Addition
Name: ENGEL, JAMES P
Address: 1400 AMERICAN LANE
City-St-Zip: SCHAUMBURG, IL 60196

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID A. BOWERS

DSEC

01/18/2007

Electronic Signature of Signing Officer or Director

Date