


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

FILED
Mar 19 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 # 852519 (8)					
1. Corporation Name GLOBE AMERICAN CASUALTY COMPANY					

Principal Place of Business 1001 TECHNECENTER DRIVE MILFORD OH 45150	Mailing Address 1001 TECHNECENTER DRIVE MILFORD OH 45150-2760
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2. Principal Place of Business 21 11611 N. Meridian St. Suite, Apt. #, etc. 22 Suite 600 City & State 23 Carmel, IN Zip 24 46032		25. Mailing Address 26 c/o GRE Insurance Group Suite, Apt. #, etc. 27 6281 Tri-Ridge Blvd. City & State 28 Loveland, OH Zip 29 45140		30. Date of Last Report 02/26/1996	
Country 25 USA		Country 30 USA		3. Date Incorporated or Qualified 04/08/1982	
2. Principal Place of Business		25. Mailing Address		4. FEI Number 31-4386540	
21 11611 N. Meridian St.		26 c/o GRE Insurance Group		Applied For Not Applicable	
Suite, Apt. #, etc. 22 Suite 600		Suite, Apt. #, etc. 27 6281 Tri-Ridge Blvd.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Carmel, IN		City & State 28 Loveland, OH		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 46032		Zip 29 45140		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER OF FLORIDA CAPITOL BLDG. TALLAHASSEE FL 32301		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 translating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HASKOWITZ, HOWARD 61 BROADWAY NEW YORK NY	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEARSON, NEIL R 1700 EDISON DRIVE MILFORD OH	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S; VP Elliot S. Orol 61 Broadway, 33rd Floor New York, NY 10006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCAHILL, D. A. 1700 EDISON DRIVE MILFORD OH	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donald A. Scabill 6281 Tri-Ridge Blvd. Loveland, OH 45140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOYLE, R 1001 TECHNECENTER DRIVE MILFORD OH	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Jeffrey Alan Kirk 11611 N. Meridian St., Ste 600 Carmel, IN 46032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Michael J. Pozdol 61 Broadway, 33rd Floor New York, NY 10006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: 3/13/97 512-576-3200

CR2E034 (9/96)