

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
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DOCUMENT # F95000002122 (8)

1. Corporation Name

MID-AMERICAN FIRE & CASUALTY CO.



Principal Place of Business

Mailing Address

**1700 EDISON DR.
MILFORD OH 45150**

**1700 EDISON DR.
MILFORD OH 45150-2729**

2. Principal Place of Business 21 6281 Tri-Ridge Blvd. Suite, Apt. #, etc. 22 City & State 23 Loveland, OH Zip 24 45140		2a. Mailing Address 26 6281 Tri-Ridge Blvd. Suite, Apt. #, etc. 27 City & State 28 Loveland, OH Zip 29 45140		3. Date Incorporated or Qualified 05/01/1995		3a. Date of Last Report 02/29/1996	
25 USA		30 USA		4. FEI Number 31-0973279		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"/>		\$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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASKOWITZ, HOWARD	1.2 NAME	
STREET ADDRESS	61 BROADWAY, 33RD FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOYLE, RANDY L	2.2 NAME	Jeffrey A. Kirk
STREET ADDRESS	11811 NORTH MERIDIAN STREET, SUITE 600	2.3 STREET ADDRESS	11611 N. Meridian St., Ste 600
CITY-ST-ZIP	CARMEL IN	2.4 CITY-ST-ZIP	Carmel, IN 46032
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S;VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARSON, NEIL R	3.2 NAME	Elliot S. Orol
STREET ADDRESS	61 BROADWAY, 33RD FLOOR	3.3 STREET ADDRESS	61 Broadway, 33rd Floor
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York, NY 10006
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T;VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAHILL, DONALD A	4.2 NAME	
STREET ADDRESS	1700 EDISON DR.	4.3 STREET ADDRESS	6281 Tri-Ridge Blvd.
CITY-ST-ZIP	MILFORD OH 45150	4.4 CITY-ST-ZIP	Loveland, OH 45140
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASKOWITZ, HOWARD	5.2 NAME	
STREET ADDRESS	61 BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10006	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARR, JOHN P	6.2 NAME	John G. Campbell
STREET ADDRESS	61 BROADWAY	6.3 STREET ADDRESS	6281 Tri-Ridge Blvd.
CITY-ST-ZIP	NEW YORK NY 10006	6.4 CITY-ST-ZIP	Loveland, OH 45140

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: *Donald A. Scahill* Donald A. Scahill

3/3/97

513-576-3200

CR2E034 (9/96)