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 DIVISION OF CORPORATIONS
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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **F94000001394 (5)**
 1. Corporation Name
GALIC BROTHERS, INC.

Principal Place of Business: **580 WALNUT STREET CINCINNATI OH 45202**
 Mailing Address: **580 WALNUT STREET CINCINNATI OH 45202**

DO NOT WRITE IN THIS SPACE.
 3. Date incorporated or Qualified: **03/18/1994**
 3a. Date of Last Report: **N/A**

2. Principal Place of Business
 21. Suite, Apt. #, etc.
 22. City & State
 23. Zip
 24. Country

2a. Mailing Address c/o Thomas E. Mischell
 26. One East Fourth Street
 27. Suite, Apt. #, etc. 800
 28. City & State Cincinnati, OH
 29. Zip 45202
 30. Country USA

4. FEI Number: **31-1391777**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**LUBAN, KEN
 OCEAN REEF CLUB
 31 OCEAN REEF DR., STE C-300
 KEY LARGO FL 33037**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	FULLER, VICTOR L
STREET ADDRESS	2699 SOUTH BAYSHORE DR., STE 900E
CITY-ST-ZIP	MIAMI FL
TITLE	VD
NAME	FULLER, STEPHEN M
STREET ADDRESS	2699 SOUTH BAYSHORE DR., STE 900E
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	LINTZ, ROBERT C
STREET ADDRESS	1 EAST FOURTH STREET
CITY-ST-ZIP	CINCINNATI OH
TITLE	VT
NAME	MANEY, WILLIAM J
STREET ADDRESS	250 EAST 5TH STREET
CITY-ST-ZIP	CINCINNATI OH
TITLE	S
NAME	MUETHING, MARK F
STREET ADDRESS	250 EAST 5TH STREET
CITY-ST-ZIP	CINCINNATI OH
TITLE	V
NAME	TATE, JEFF S
STREET ADDRESS	250 EAST 5TH STREET
CITY-ST-ZIP	CINCINNATI OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	MIAMI FL 33133	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	MIAMI FL 33133	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	CINCINNATI OH 45202	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	CINCINNATI OH 45202	
5.1 TITLE	SV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	CINCINNATI OH 45202	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	CINCINNATI OH 45202	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: William J. Maney Date: 3/6/95
Signature and typed or printed name of signing officer or director
WILLIAM J. MANEY, Vice President & Treasurer