

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY -1 AM 4: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # P26031 (5)  
1. Corporation Name:  
**EAGLE AMERICAN INSURANCE COMPANY**

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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
3. Date Incorporated or Qualified: 09/11/1989  
3a. Date of Last Report: 04/26/1994  
4. FEI Number: 31-1209419  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
B. The corporation has liability for managing tax under 5 1183.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent  
INSURANCE COMMISSIONER  
THE CAPITOL  
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 FL 86 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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 607.0504, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
Agent (Type in printed name of registered agent, 1183.032, Florida Statutes) \_\_\_\_\_  
Registered Agent (Type in printed name of registered agent, 1183.032, Florida Statutes) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGE S TO OFFICERS AND DIRECTORS IN 12	
TITLE: PCD NAME: LINDNER, CARL H., III STREET ADDRESS: 580 WALNUT STREET CITY, ST, ZIP: CINCINNATI OH	TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	11 TITLE: 12 NAME: 13 STREET ADDRESS: 14 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SVD NAME: LARSON, DONALD D STREET ADDRESS: 580 WALNUT STREET CITY, ST, ZIP: CINCINNATI OH	TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	15 TITLE: 16 NAME: 17 STREET ADDRESS: 18 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VAS NAME: ROSEN, EVE CUTLER STREET ADDRESS: 580 WALNUT STREET CITY, ST, ZIP: CINCINNATI OH	TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	19 TITLE: 20 NAME: 21 STREET ADDRESS: 22 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AVP NAME: HAYES, RONALD C. STREET ADDRESS: 580 WALNUT ST CITY, ST, ZIP: CINCINNATI OH	TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	23 TITLE: 24 NAME: 25 STREET ADDRESS: 26 CITY, ST, ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: AT NAME: RUNK, FRED J STREET ADDRESS: 1 EAST FOURTH ST CITY, ST, ZIP: CINCINNATI OH	TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	27 TITLE: 28 NAME: 29 STREET ADDRESS: 30 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	TITLE: NAME: STREET ADDRESS: CITY, ST, ZIP:	31 TITLE: 32 NAME: 33 STREET ADDRESS: 34 CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(2)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or 1183.032, Florida Statutes, and that my name appears in Block 12 of Block 13 if change, or on an attachment with an address.

SIGNATURE: *Eve Cutler*  
Eve Cutler Rosen, Vice President & Asst. Secretary 4/20/95 513-369-5013

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**EAGLE AMERICAN INSURANCE COMPANY**

**OFFICERS AND DIRECTORS**

<b><u>NAME</u></b>	<b><u>TITLE</u></b>	<b><u>ADDRESS</u></b>	
Gary J. Gruber	Director/Sr. Vice President/Treasurer	580 Walnut Street	Cincinnati, OH 45202
Thomas A. Hayes	Director	580 Walnut Street	Cincinnati, OH 45202
Karen Holley Horrell	Director/Sr. Vice President/General Counsel/Secretary	580 Walnut Street	Cincinnati, OH 45202
Donald D. Larson	Director	580 Walnut Street	Cincinnati, OH 45202
Carl H. Lindner III	Director/Chairman/ President	580 Walnut Street	Cincinnati, OH 45202
S. Craig Lindner	Director	One East 4th Street	Cincinnati, OH 45202
Jerry T. Shroat	Director/Sr. Vice President	580 Walnut Street	Cincinnati, OH 45202
John L. Doellman	Vice President/ Actuary	580 Walnut Street	Cincinnati, OH 45202
Allen F. Eling	Vice President	580 Walnut Street	Cincinnati, OH 45202
Fred C. Newman	Vice President	49 East Fourth Street	Cincinnati, OH 45202
Eve Cutler Rosen	Vice President/ Asst. Secretary	580 Walnut Street	Cincinnati, OH 45202
Michael J. Schulze	Vice President	580 Walnut Street	Cincinnati, OH 45202
Roger Smith	Vice President	580 Walnut Street	Cincinnati, OH 45202
Kathleen Brown	Asst. Vice President	One East 4th Street	Cincinnati, OH 45202
Ronald C. Hayes	Asst. Vice President/ Asst. Secretary	580 Walnut Street	Cincinnati, OH 45202
Thomas E. Mischell	Asst. Treasurer	One East 4th Street	Cincinnati, OH 45202
Fred J. Runk	Asst. Treasurer	One East 4th Street	Cincinnati, OH 45202

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CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P26172 (7)**

1. Corporation Name  
**VOPCO INC.**

Principal Place of Business <b>575 SEVENTH AVENUE                  NEW YORK NY 10018</b>	Mailing Address <b>575 SEVENTH AVENUE                  NEW YORK NY 10018</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Created <b>09/25/1989</b>	3a. Date of Last Report <b>04/05/1994</b>
22. Suite, Apt. # etc. <b>27</b>	27. Suite, Apt. # etc. <b>30</b>	4. FEI Number <b>22-2787904</b>	Applied for <input type="checkbox"/> Not Applicable
23. City & State <b>28</b>	28. City & State <b>30</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24. City <b>25</b>	25. State <b>29</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
26. City <b>27</b>	27. State <b>29</b>	7. This corporation has liability for intangible tax under § 190.012, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	<b>FL</b> 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<b>S</b>	1. TITLE	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>MESICK, THOMAS P.</b>	2. NAME	<b>MAUREEN CASY</b>
3. STREET ADDRESS	<b>2294 OAK STREET</b>	3. STREET ADDRESS	<b>284 SUSSEX ROAD</b>
4. CITY, ST. ZIP	<b>N. MERRICK NY</b>	4. CITY, ST. ZIP	<b>WOODBIDGE, NJ 07075</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<b>PTD</b>	5. TITLE	
6. NAME	<b>VITTADINI, GIANLUIGI</b>	6. NAME	
7. STREET ADDRESS	<b>1115 5TH AVE.</b>	7. STREET ADDRESS	
8. CITY, ST. ZIP	<b>NEW YORK NY</b>	8. CITY, ST. ZIP	
9. TITLE	<b>VD</b>	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<b>MORROW, ORNELLA</b>	10. NAME	
11. STREET ADDRESS	<b>785 PARK AVE., 18C</b>	11. STREET ADDRESS	
12. CITY, ST. ZIP	<b>NEW YORK NY</b>	12. CITY, ST. ZIP	
13. TITLE	<b>CD</b>	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<b>VITTADINI, ADRIENNE</b>	14. NAME	
15. STREET ADDRESS	<b>1115 5TH AVE.</b>	15. STREET ADDRESS	
16. CITY, ST. ZIP	<b>NEW YORK NY</b>	16. CITY, ST. ZIP	
17. TITLE		17. TITLE	<b>VICE PRESIDENT-FINANCE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
18. NAME		18. NAME	<b>RONALD VENTRICELLI</b>
19. STREET ADDRESS		19. STREET ADDRESS	<b>60 HIGGINS ROAD</b>
20. CITY, ST. ZIP		20. CITY, ST. ZIP	<b>OLD-BRIDGE, NJ 08857</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE		21. TITLE	
22. NAME		22. NAME	
23. STREET ADDRESS		23. STREET ADDRESS	
24. CITY, ST. ZIP		24. CITY, ST. ZIP	

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 199.07(9)(b), Florida Statutes. I further certify that the information included in 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 person or person empowered to make this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 of this report, or on an attachment with an address.

**SIGNATURE:** *Ronald Ventrice* **RONALD VENTRICELLI** 4-27-95 (201)-861-5226  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **V.P. Finance**